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ABSTRACT

This trainer's manual is designed to increase knowledge and skills of those involved in vocational rehabilitation of drug abusers. It should clarify the trainees' roles as vocational rehabilitation specialists, and help trainees to define the program support necessary to perform their jobs effectively. This course is directed toward personnel whose major responsibilities are vocational rehabilitation counseling, job development, and placements. The information is shared through lectures, experiential activities, skill development, and group discussion. Knowledge of course content and laboratory training experience are required for all trainers, and the training team should consist of a minimum of one trainer-resource expert and three-four experienced group trainers. (Author/PJC)

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VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

Trainer's Manual

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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VOCATIONAL REHABILITATION IN THE TREATMENT SETTING	
Course Description	
PURPOSE	The curriculum is designed to-- o increase knowledge and skills in vocational rehabilitation of drug abusers; o help clarify trainees' roles as vocational rehabilitation specialists; o help trainees define the program support necessary to perform their jobs effectively.
AUDIENCE	This course is directed toward personnel in drug treatment and rehabilitation programs whose major responsibilities are vocational rehabilitation counseling, job development, and placement. (The course is not intended for counselors at the Master's level in vocational rehabilitation counseling, although some aspects of the course may be useful for this audience.)
NUMBER OF TRAINEES	10 to 20
CONTENT	Learning modules focus on-- o client assessment, treatment planning, vocational guidance and counseling, and ancillary support services; o the role of the vocational rehabilitation specialist in the rehabilitation process; o the drug abusing client and the employment problems he faces.

VOCATIONAL REHABILITATION IN THE TREATMENT SETTING	
Course Description (continued)	
METHODOLOGY	Information is shared through a balance of lecture presentations and experiential activities such as role play, skill development, and group discussion.
MATERIALS REQUIRED	One set of trainee materials for each trainee One trainer's manual for each trainer Two videotapes: "Lifestyle Interview" and "Contracting and Goal Setting" Testing materials (optional)
EQUIPMENT	One ½ inch videotape deck and monitor Flip chart pads and easel Felt-tipped markers
TRAINER REQUIREMENTS	Knowledge of course content and laboratory training experience is required for all trainers. The training team should consist of a minimum of one trainer-resource expert and three to four experienced group trainers. If a content expert is unavailable, experienced trainers who prepare by reading all course materials can conduct the course adequately.
FACILITIES NEEDED	A large-group meeting room Small-group work areas
TIME REQUIREMENTS	5 days (48 hours)

PREFACE

How should a training program for vocational rehabilitation in drug treatment programs be designed?

The course development team began by assessing the needs of a national sample of vocational rehabilitation counselors. This needs assessment helped identify the deficiencies in skills and the lack of knowledge these counselors experienced in their work to rehabilitate drug abusers. The survey indicated a need for more information about the client (for example; What is the life-style of a particular heroin addict? What are the psychosocial factors that precipitate and sustain chronic drug abuse?) and for a better definition of the specialist's role in the treatment and rehabilitation process (What should be the interrelationship of the treatment staff? What is their relationship to the community?). The respondents also expressed a need for greater skill in using the client's existing motivation to assist him or her toward "job readiness," and in using the counseling relationship to help the client move from being an unemployed and unskilled ex-drug abuser to being employed at whatever level his or her capabilities allow.

These concerns are the basis for the development of the course. It also became apparent that significantly large segments of the population are categorically excluded from engaging in work. As a result they are deprived of the opportunity to structure their time and to receive the monetary rewards and, in some instances, the status that work may bestow on an individual.

We believe that the human desire to be engaged in meaningful activity is socially and psychologically profound; that belief is the premise upon which this course is established.

Therefore our attention in this course is directed toward those drug abusers, male and female, who are confronted with being rehabilitated. One may pose the question, "Toward what end?" The answer is to help these men and women toward independence and self-sufficiency. We want to enable them to meet their needs for security and for food, clothing, and shelter by performing acceptable work in exchange for fair wages.

The major problem is that many of the clients seen daily in treatment centers across the country are unskilled and underprivileged. Some have never held jobs that fulfilled their economic, psychological, or social needs; still others have never worked at traditional jobs at all. How, then, does a treatment program, whose goal is to rehabilitate chronic drug abusers, approach the problem of vocational rehabilitation? This course is a beginning for the individual in a program that wants to answer that very question.

Many people have been involved with this training program during the year and a nalf necessary to develop it.

I wish to especially thank the following people for their valuable contributions:

Arthur Dell Orto, Ph.D., Assistant Professor, Sargent School of Allied Health Professions, Boston Univeristy; and George Krieger, Ph.D., Assistant Professor and Associate Director, Rehabilitation Counselor Education, University of Maryland, who made substantial contributions to the structure and content of the course;

Charles Reeder, Ph.D., Assistant Professor, Rehabilitation Counselor Education, George Washington University; and Richard E. Kristensen, Ph.D., Kristensen and Associates, Ltd., who acted as "quality control" consultants for the content and the training process, respectively;

Stephen Pittel, Ph.D., Director, Berkeley Center for Drug Studies; Eileen Wolkstein, M.A., Chief, Vocational Rehabilitation, Beth Israel Medical Center, Morris J. Bernstein Institute; and H. Stephen Glenn, Ph.D., Executive Director, Social Systems, Inc., all members of the External Review Committee who gave encouragement and helpful criticism.

No task of this size could have been realized without the regular assistance of my colleagues at the NATIONAL DRUG ABUSE CENTER for Training and Resource Development. My special appreciation is extended to the late William Kent, Deputy Director, and William Link, Manager, Materials Development, both of whom "managed by support." Additionally, I wish to thank Harold J. Maloney, Jr., who constructed the pretests and posttests, John Schultz, who offered support and reviewed the manuscripts, and José deOlivares, who directed, produced, and edited the video-tapes used with this curriculum.

The editorial staff often goes unsung, but without them ideas and concepts might have been understood only by the writer. My appreciation is extended for the highest quality editorial consultation and assistance to Frank A. Miles, Manager, Publications, to Patti Lowery, Senior Editor, and to the editorial and publications staff who worked on this curriculum: Joan Romeo, John Guzauskas, Normandie Kamar, Jerry Fite, and Lee Ann Cafferata.

The manuscript was typed, retyped, and retyped again by four very patient typists and production assistants, Sharon Schultz, Virginia Burchett, Anne Miller, and John Riley.

Bettye Ann Moore
Project Manager
January 1976

COURSE OVERVIEW

This program is a five-day training experience for specialists* who provide vocational rehabilitation services to drug abusers in residential or outpatient treatment programs.

This is an introductory program designed to:

- increase participants' understanding of vocational rehabilitation both in general and specifically as it relates to the drug abuser;

- help participants clarify their roles as vocational rehabilitation specialists, identify the type of program support they need, and determine what skills they should develop to perform their work.

The curriculum has been broken down into several areas. 1) the phases of the vocational rehabilitation process--client assessment and treatment planning, vocational guidance and counseling, and ancillary support services; 2) the role of the VR specialist in the rehabilitation process; and 3) the drug abusing client and the problems he faces in becoming vocationally rehabilitated.

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*The VR specialist is defined here as any person performing vocational rehabilitation services who has not had specialized training at the Master's level in Vocational Rehabilitation Counseling. It is assumed that these workers are supervised by trained counselors.

Following is a brief description of each area of the curriculum.

THE VOCATIONAL REHABILITATION PROCESS (MODULE 1)

The vocational rehabilitation process has as its final goal the placement of the client in a gratifying employment situation. Gratification has to do with salary, atmosphere, type of work, and opportunity for the client to experience positive feelings about himself. Arriving at this result requires a sensitive assessment of the client, as well as job development and placement activities that will make the best possible match between the client's skills and interests and the employer's needs. (There are, however, other necessary considerations in the vocational rehabilitation process.)

Planning, guidance, careful exploration of several types of work, dry-run interviews, and support after placement will help to develop and sustain within the client the notion that work may have intrinsic gratifications, that it is not only a means to an end.

THE SPECIALIST (MODULES 2 AND 12)

This part of the course helps trainees examine their roles against a typical job description. The skills and information necessary to perform in the role of the VR specialist are isolated, and trainees are assisted in determining their needs for training in those areas. A self-directed workbook helps

trainees to assess themselves in relation to their performance, and their programs in relation to the quality of service delivered. The workbook also contains a section that guides the trainee through the steps of the planning process: setting goals, designing an evaluation plan, and other planning activities that will help trainees highlight and resolve problems in their programs.

THE DRUG ABUSER AS CLIENT (MODULES 3 AND 8)

Understanding the nature of the client is essential if the specialist is to facilitate the client's entry into the straight world of work. The specialist must be aware of the psychological and social characteristics of drug dependency syndromes and the particular vocational problems that may be expected to arise in the course of treatment.

A basic knowledge and awareness of the drug abuser's lifestyle and culture will enable the specialist to have a reference point as he works with the client. The severity and chronicity of drug dependence can be frustrating and defeating for both client and specialist. Therefore, a specialist who is aware of possible problems is better prepared to deal with both his feelings of frustration and defeat and those of the client.

CLIENT ASSESSMENT AND TREATMENT PLANNING (MODULES 4, 5, 6)

The cornerstone of any helping process is the intial assessment and the contract agreed upon by client and specialist.

systematic procedure in which the vocational specialist collects information about and from in order to develop a comprehensive rehabilitation it is important to use specific social history informa- on and to establish a contract that reflects the end goal of the individual client. This process allows the specialist to establish with the client a plan that makes clear the extent to which the client has developed or needs to develop vocational skills, knowledge, work habits, values, and specific interpersonal skills necessary to achieve the desired outcome.

The specialist must also learn to focus on the obvious (for example, the ways in which the drug abuser made it "on the street") as a means of uncovering existing skills and knowledge.

The assessment phase breaks down into three essential tasks, with discrete skills for each: interviewing, evaluating information, and using the information to develop the contract and the rehabilitation plan.

The modules dealing with this phase have a twofold purpose:

1. They focus on the kind of information that needs to be collected from the client and significant others, such as:

   a. What the client wants to do

   b. What salable skills the client already has

c. What attitudes and values the client holds toward work

d. What the client's motivation is toward different kinds of work

e. What discrepancies exist between what the client wants (or does not want) and what he is ready to do

2. These modules present the formal and informal interview as a means for establishing a relationship, collecting information, and generally assessing the client's needs. The importance of the verbal and nonverbal discrete behaviors exhibited by the specialist that contribute to a supportive, nonthreatening interview situation and achievement of the specialist's goals is emphasized.

VOCATIONAL GUIDANCE AND COUNSELING (MODULES 7 AND 8)

This aspect of the curriculum focuses on the role of the specialist and how he moves the client from the initial assessment phase toward placement. The goal is to present a cognitive overview of the guidance and counseling function. An overview is also presented of the social and vocational problems experienced by the rehabilitating drug abuser.

The modules that deal with this phase focus on--

1. guidance as a process of continuous goal setting and problem solving;

2. relationship building for personal support and encouragement;

3. teaching life skills (e.g., interpersonal skills, employee skills, budgeting, banking, diet planning, etc.);

4. identification of job and/or training options;

5. identification and referral for support resources (e.g., public assistance, family counseling, unemployment compensation, etc.).

THE ANCILLARY SUPPORT SERVICES (MODULES 9, 10, 11)

This aspect of the curriculum focuses on support services performed with the client and on his behalf. The VR specialist must perceive this function as imperative if the VR process is to be concerned with the total functioning of the individual. This course supports the notion that without ongoing supportive services as an integral part of the treatment and rehabilitation process, successful client rehabilitation is unlikely. Attention is given to--

1) adequate job development policies and procedures;

2) provision of alternative kinds of skill training and one-of-a-kind, unusual job placements;

3) highly developed support programs that prepare clients for entry into the labor market by focusing on the psychological components of job readiness, job satisfaction, and work adjustment;

4) careful attention to client life-skills development.

It is this aspect of any program concerned with total rehabilitation that must be the most creative, innovative, and responsive to individual client needs. The fact that follow-up and other support services tend to be of lowest priority in most drug treatment programs probably accounts for the apparent lack of success and high recidivism rates.

The modules within this functional area will address the following:

1. Job development from a strategic and tactical point of view. The specialist is assisted in developing planning strategies for job development (e.g., projecting needs, setting goals and objectives). Specific tasks, such as employer education, contacting and using specialized agencies, building a community relations program to maintain interest and commitments, developing "alternative" and one-of-a-kind jobs, and building systematic resource files will be discussed. Specialists are also

helped to recognize similarities between job development skills and salesmanship. They will have experience in selling in face-to-face interviews.

2. The issues dealing with preparation of the client as well as the employer. Assessing the psychological readiness of the client to move into a job and designing a plan to respond to those areas in which he seems unprepared are parts of placement planning (e.g., assessment of situational needs such as transportation, wardrobe, stipend, tools, on-the-job training, etc.). Anxiety about initial interviews and fantasies related to the fear of failing are explored.

3. Follow-up of work adjustment and personal life adjustment as the client enters a job and becomes either partially or totally independent of the treatment facility. This transition means in some instances, as with a therapeutic community, that the client must adjust to a new set of work and living arrangements. Despite preparatory training, the new environment and living arrangements may hold unfamiliar and disturbing elements. Intensive post-employment counseling services are seen as critical

to work adjustment and to the long-term rehabilitation of the client. This module on postplacement follow-up emphasizes--

a) methods of collecting information about and from the client, and how to use that information for current and future planing;

b) supportive counseling (e.g., dealing with anxiety, use of leisure time, problems relative to personal and work adjustment);

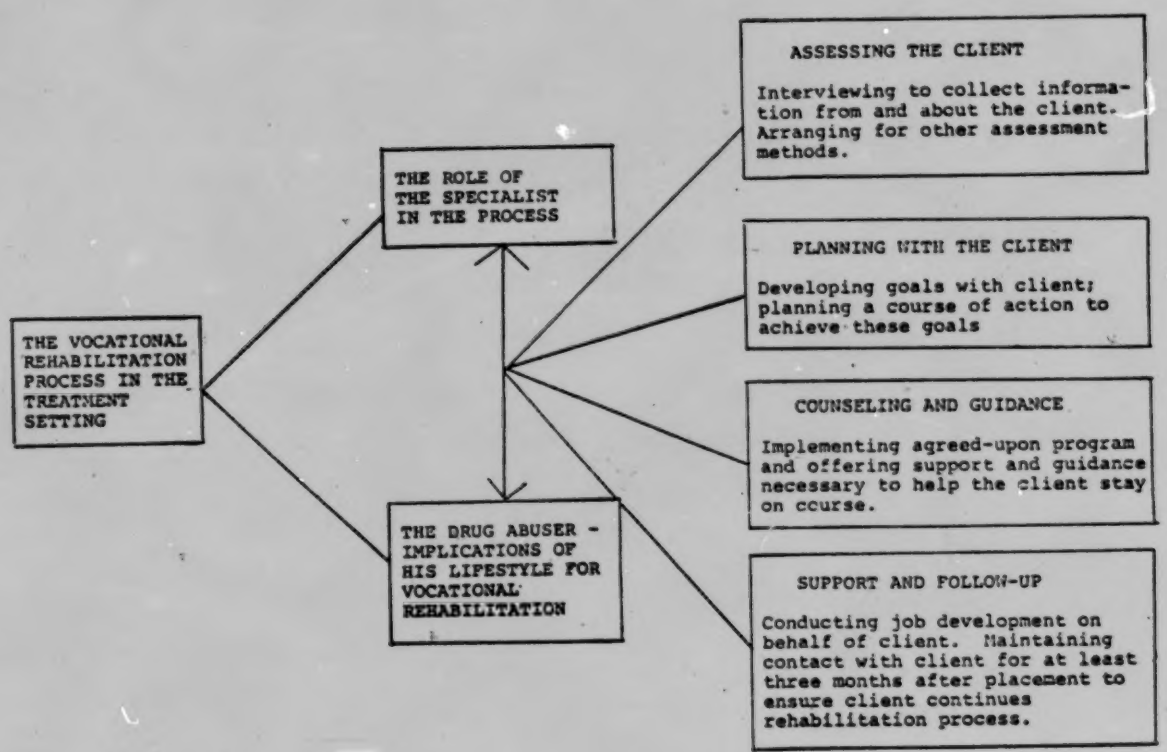
c) employer evaluation and client advocacy;

d) future planning in training, education, job advancement, and vocational change;

e) record keeping for effective planning.

The following is a schematic representation of the course as it relates to the preceding discussion.

THE PROCESS, THE SPECIALIST, THE CLIENT: OVERVIEW OF THE COURSE


THE VOCATIONAL REHABILITATION PROCESS IN THE TREATMENT SETTING
THE ROLE OF THE SPECIALIST IN THE PROCESS
THE DRUG ABUSER - IMPLICATIONS OF HIS LIFESTYLE FOR VOCATIONAL REHABILITATION
ASSESSING THE CLIENT
Interviewing to collect information from and about the client. Arranging for other assessment methods.
PLANNING WITH THE CLIENT
Developing goals with client; planning a course of action to achieve these goals
COUNSELING AND GUIDANCE
Implementing agreed-upon program and offering support and guidance necessary to help the client stay on course.
SUPPORT AND FOLLOW-UP
Conducting job development on behalf of client. Maintaining contact with client for at least three months after placement to ensure client continues rehabilitation process.

SCHEDULE

VOCATIONAL REHABILITATION IN THE TREATMENT SETTING: AN OVERVIEW

SUNDAY	HONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	UNIT I 8:30 - 9:30 Module 1: The Process 9:30 - 1:00 Module 2: The Specialist	UNIT II 9:00 - 1:00 Module 4: Principles of Effective Interviewing	UNIT III 9:00 - 12:30 Module 6: Contracting and Goal Setting	UNIT IV 8:30 - 12:30 Module 9: Job Development	UNIT V 9:00 - 12:00 Module 12: Individual Problem Identification and Action Planning
1:00 - 2:00 Registration Pretesting 2:00 - 5:00 Orientation Course Overview Climate-Setting Activities	1:30 - 5:30 Module 3: Understanding the Client	1:30 - 5:00 Module 5: Assessment and Vocational Choice Models	1:30 - 5:30 Module 7: Introduction to the Counseling Relationship	1:30 - 4:00 Module 10: Job Placement 4:00 - 5:00 Module 11: Postplacement Follow-up	1:30 Posttraining Activities Evaluation and Feedback
			7:00 - 10:00 Module 8: Problems of the Rehabilitating Drug Abuser		

MEMORANDUM

TO: THE TRAINING STAFF

FROM: THE COURSE DEVELOPMENT TEAM

RE: WHAT YOU NEED TO KNOW ABOUT THE COURSE

PREPARATION FOR COURSE DELIVERY

TRAINING STAFF QUALIFICATIONS

The course requires both knowledge of the content and laboratory training experience. The ideal training team would consist of a minimum of one trainer-resource expert in the field of vocational rehabilitation and three to four experienced group trainers. The course is didactic as well as experiential; therefore, trainers should be comfortable in delivering short lectures.

In the absence of a content expert, the course can be conducted adequately by experienced trainers who will prepare thoroughly by reading all of the course material.

TRAINING GROUPS AND STAFF SIZE

We recommend that the number of trainees in this course be between 10 and 20 because much of the learning is derived from the knowledge and skills that the trainees bring with them to the training. Because of the experiential nature of the learning activities, there should be one trainer for every six to eight participants.

PREPARING FOR THE COURSE

You will need at least one month to study this manual, recruit participants, procure equipment and space, prepare the training materials, and organize the training staff to deliver the course.

OPTIONS FOR COURSE DELIVERY

The format for the training is sequential. Each session reinforces and builds upon the training preceding it. However, the course has also been designed so that each function in the vocational rehabilitation process is a discrete unit for information and skill building. Therefore, if you identify a skill or knowledge deficiency in any of the functions (e.g., developing a treatment plan or interviewing for social history information), you may choose to spend one or two days training the counselor in that area only.

Despite the fact that we have designed a sequential program that takes place in one week, you have the option of taking five weeks to present the material by scheduling only one training event per week. If this option is used, serious consideration should be given to scheduling the units in sequence as they appear. This is a feasible option for in-house staff development where it would be impractical to run a week-long program.

HOW TO USE THE TRAINER'S MANUAL

This manual has been prepared with considerable care and concern for you, the trainer. Both the developers and the editors have endeavored to make this material readable and useable, to create a progression that makes sense, and to include everything you will need to deliver the program. It is our expectation that you will adapt the material presented here to reflect--

1. your personal style and training capability;

2. the needs of your participant population (for example, if your participants don't need a lecture on drug lifestyles, you may opt to have an information-sharing session instead),

3. the environment and physical constraints within which you operate.

The course is systematically organized into units and modules. These specific divisions were important to us as we did research and subsequently organized the substance and training process of the course. A "Unit" represents a functional area of responsibility for the Vocational Rehabilitation Specialist (e.g., 'Assessment and Planning Function'). A "Module," or subsection of a unit, represents specific areas of knowledge and skills essential to perform a function (e.g., Unit II: The Assessment

and Planning Function; Module 6: Contracting and Goal Setting). In order to carry out adequate assessment and planning with a client, for example, the specialist needs to be able to conduct contracting and goal setting with him.

The manual contains a description and rationale for each unit, module, and learning activity. Each unit contains general training goals and each module has specific behavioral objectives. In other words, we explain why you are doing what you are doing and what your participants will be able to do when you (and they) have finished the course.

Schedules and descriptions of learning activities complete with symbolic representations of the resources (space, material, people) needed to conduct the activities are included. (See page 20 for definitions of the symbols.) The time necessary to conduct a module appears prominently with the module title. Time required for each specific learning activity is designated at the left of the learning activity description.

The trainer guidelines have been written in steps to save you reading time. These guidelines are not meant to be orders but rather to serve as aids in facilitating the learning activities. The process will not fall apart if you determine that it will be more feasible to perform one exercise before the other with your group. Should you make that decision, however, please be sure that you have reviewed the connections between all the learning

activities so that any rearrangements or substitutions will produce the same learning.

We strongly urge you to review all of the activities and read all of the resource materials before attempting to deliver the course. This will give you a sense of direction and a good idea of the resources you will need.

This manual includes your materials and also one copy of all the trainee materials. The pages are color-coded: the white pages are for use by the trainer only; the tan pages are for both the trainer and the trainees, and are reproduced in the trainee's manual. The trainer's manual (both white and tan pages) is numbered consecutively from 1-448. Page numbers for the trainee's material (the tan pages that are included as part of the trainer's manual) are also consecutive, and appear in parentheses.

The contents page for each unit includes a listing of the resource materials provided for each module.

KEY TO RESOURCE SYMBOLS

means flip chart and felt-tipped pens

means assemble total training group in large room

means breakdown into small groups in smaller rooms or move to spaces within the large training room

means triads or groups of 3

means dyads or groups of 2

means resource papers (found at the end of each module)

means trainer who leads or has primary responsibility for the module or learning activity

means backup facilitators or trainers who assist with small group work or in large group discussion

means ½" videotape and monitor

ORIENTATION AND PRELIMINARY ACTIVITIES

INTRODUCTION

The following information and guidelines will be useful to training staff who choose to deliver the entire course in a week's time. It is particularly important to incorporate the orientation if the participants will be in residence at the training site.

When the course is being delivered in modules on a weekly basis, as part of in-service training in a facility, it is important to share at least the course overview and training philosophy with the trainees before beginning.

The first hours of the learner's new experience will have a crucial effect on how he or she receives information during the week's training.

A training experience needn't be grueling; it is exciting and enjoyable when the climate has been carefully planned to encourage spontaneity and willingness to participate in the group experience.

We suggest as a good start toward producing that climate that, if you have the budget, you plan an informal buffet lunch during the hours of registration and testing. If not, at least decide ahead of time to make these critical first hours a good beginning.

Besides planning the climate, good preparation of the space, materials,and resources needed is essential to a successful training conference.

REGISTRATION AND PRETESTING (3 to 4 hours)

Participants arrive on site during this period, fill out information for registration, and take entry-level tests. Entry- and exit-level tests ("pretests" and "posttests"), which require 20 to 25 minutes each to complete, have been designed for evaluating how well the objectives of this course are met. (Single copies of the tests are included in this manual. You should reproduce additional copies so that you will have a pair of tests for each trainee.) Three hole trainee notebooks should be distributed at registration.

To handle smoothly the arrival, testing, and settling in of participants you will need--

- trainers and support staff to manage registration, testing, and getting acquainted activities;
- space for registration activities and a large room for testing;
- materials for testing and registration: copies of pre-tests, pencils or pens, adequate seating arrangements, and tables or desks;
- trainees' manuals, which include the course overview, a schedule, the objectives, and the trainees' materials.

CLIMATE SETTING AND INTRODUCTION TO COURSE (1-1/2 hours)

This opening meeting sets the climate for trainee and staff interaction in the learning environment. The specific goals for this session are--

- to acquaint participants with the training site, its resources and facilities;
- to conduct a structured experience that will enable participants to become acquainted with each other and with staff;
- to share with participants the training philosophy upon which the training program was built, namely the laboratory learning method;
- to explain to participants the nature of the training and how the trainee manual will be used, and to assist them in clarifying their expectations for the course.

As behavioral objectives, by the end of the session participants will be able to--

- identify the contact staff person to whom concerns about general housekeeping issues and conference resources would be addressed;

- identify by first names all of the staff trainers and 85% of the participants;
- describe the training program's learning philosophy;
- describe the focus and intent of the course, define their expectations, and know how their trainee manuals will be useful to them during training and in the future.

Preparing for the Session

This session has several components: welcome statements, staff introductions, site orientation, get-acquainted exercises, training philosophy, and course introduction. To conduct the session you will need the following:

- All staff members involved in the training program
- Large group meeting room
- Diagram or description of the training site
- Flipchart, markers, and masking tape

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TRAINER GUIDELINES

All of the activities for this session take place in a large group setting. The total time for delivery is 1½ to 2 hours, depending on the size of your training group.

15 minutes

Welcome Statements and Staff Introductions

All members of the training group should be arranged in a large circle. The course manager or lead trainer convenes the group to welcome participants to the training site, state a general overview of the program and explain the nature of the training. All training and support staff are introduced. It is suggested that each staff member speak, giving personal background information and explaining the kind of session(s) he or she will conduct during the course.

10 minutes

Site Orientation

It is useful during this presentation to hand out a diagram or description of the training site. The facility manager or person responsible for support services and housekeeping of the training site should give a talk to orient participants to the surroundings, explaining the resources and facilities available to them.

20 to 40 minutes

Get-Acquainted Exercise

The amount of time this exercise takes will depend on the size of the training group.

30 minutes

Introduction to the Course

This session presents participants with an overview of the course and explores their learning needs and their expectations for the course. One trainer may present the material, but other participating trainers should be present to augment discussion and answer questions about topics for which they will have responsibility during the course.

The trainer presentations and discussion should include the following:

- Purpose of the course
- Training staff's expectations for participants' experience, including overall course objectives
- Sequence of training, with an explanation of each topic and the objectives for each session
- Training schedule

- Trainee materials and how they are to be used
- Questions and answers

Trainer Note: The course overview (page 1) can be used as the basis for this presentation.

TRAINING PHILOSOPHY

The training program is established on the principles of laboratory learning that are presented here. It is important that the trainees have this information in the beginning of the course and be given an opportunity to refer back to it during the week. Trainer directions are incorporated within the paper. It will also be helpful to list the assumptions, conditions for learning and the components for learning on a flipchart to aid the trainees in their conceptualization of the training philosophy.

LABORATORY LEARNING

Following are six conditions necessary for laboratory learning. (Trainers may present some or all of the conditions, as this training program employs a quasi-laboratory setting.)

1. Here and Now

   The emphasis in training is upon feeling and learning derived from the present experience. The subject for study becomes the feelings, attitudes and beliefs that the participants have about a learning experience.

2. Feedback

   One learns when he gets information about the effect his behavior has on others. Everyone

in the training group is responsible to give constructive feedback to other trainees to enhance their learning.

3. Unfreezing Old Patterns

Feedback often shocks people into experimenting with new behaviors. There is a temporary disorientation, resulting in an "unfreezing" of old patterns of behavior and a willingness to try new ones.

4. Psychological Safety

A closed community with an experimental atmosphere provides a psychological security that allows trainees the freedom to experiment with new ways of thinking, expressing themselves and acting.

5. Observant Participation

Trainees interact in groups in which they are expected not only to participate, but also to learn from their observations of their own and others' participation.

6. Cognitive Maps

Generalizations or new learning developed from experience are referred to as 'cognitive maps.'

These generalizations and new learnings come about through steps in the experiential process sometimes referred to as EIAG.

Experience

Identify

Analyze

Generalize

This means that with trainer guidance, participants in the learning environment experience and identify specific interactions or dynamics occuring within the group. These dynamics are analyzed and a new principle is derived as a "truth" or guide to understanding or predicting future learning behavior.

COMPONENTS OF LEARNING

Dennis Gallagher* presents the following components of learning:

- When individuals feel a sense of freedom to express themselves and act in ways they think are appropriate to the situation, greater learning occurs.
- When individuals express the feeling of responsibility for their own learning and for making the most out of most situations, they seem to learn more.

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*Gallagher, Dennis. Environmental Contributors to Personal and Conceptual Learning. Unpublished doctoral dissertation, Case Western Reserve University, 1970.

- More learning seems to result from situations where the individual expresses a high sense of personal involvement.

- When individuals feel a high level of acceptance from others in the situation, they report more learning in the situation.

- Responsiveness from others in a situation about their behavior is helpful in modifying dysfunctional behaviors and increasing learning.

- The amount of concern exhibited by others allows individuals to receive feedback in a constructive, rather than a destructive manner.

- The more relevant the material is to other aspects of an individual's life, the more an individual seems to learn from the situation.

LEARNING ASSUMPTIONS

Trainers may present these assumptions from Gallagher's list that agree with the training staff's philosophy:

- Learning is an active, not a passive process.

- Learning is facilitated to the extent that individuals are given the responsibility for their own learning.

- People learn in different ways; therefore, no single approach to learning will satisfy all of the learning needs of the program members.

- Individuals learn and grow by taking what are perceived by them to be high personal risks: that is, they must go beyond what they think they can do.

- People will exhibit such risk behavior only in an atmosphere containing a good deal of personal support so that the fear of failing or making a mistake is greatly reduced.

- There is another basis of knowledge besides books, lectures, and other "expert" resources; that source is the individual's own feelings, experiences, and perceptions.

- Maximum learning will occur in a collegial or peer setting where status and power have little influence on the relationships between individuals involved in the situation.

- Effective learning cannot be programmed into unitary blocks of time; it occurs when circumstances dictate that what is to be learned is relevant, exciting, and meaningful to the individual; it occurs in non-linear segments of time.

BIBLIOGRAPHY

Although specific reference material is listed at the end of individual resource papers, the books and papers in the following bibliography are provided for those who would like additional supplemental material. The books listed below have been selected from a wide range of publications. The descriptions have been prepared to assist the potential reader in selecting those most likely to meet his needs. Since the works on employment tend to deal largely with heroin and rehabilitation, three general works on drug abuse have been recommended as background reading.

GENERAL READING

Brecher, Edward M. and the editors of Consumer Union, (Eds.). Licit and Illicit Drugs. Boston: Little, Brown and Company, 1972.

Because it is prepared by one person, Brecher's book is more cohesive and probably easier reading for the layman than the others. People in the drug field have welcomed it, although many feel that Brecher went overboard for methadone.

Drug Abuse Survey Project. Dealing with Drug Abuse: A Report to the Ford Foundation. New York: Praeger Publishers, 1972.

This book is a collection of staff papers. The book is relatively short and the chapters stand alone. The chapters on "The Drugs and Their Effects" and "Treatment and Rehabilitation" are well-written and particularly appropriate for employers.

National Commission on Marijuana and Drug Abuse. Drug Use in America: Problem in Perspectives. Washington, D.C.: U.S. Government Printing Office, 1973.

This volume represents the basic report of a Presidential Commission appointed to investigate drug abuse. The Commission was thought to be conservative when appointed, but its general findings proved offensive to the Nixon Administration. The Report concludes that the drug problem has always been with us and that no general solution is available.

EMPLOYMENT-ORIENTED READING

Chambers, Carl D. and Heckman, Richard D. Employee Drug Abuse--A Manager's Guide. Boston: Cahners Publishing Co., 1972.

The most interesting portion of this book is a section containing results of a research survey aimed at determining the extent of drug use among the work force in New York State. The rest of the material leaves the impression that the book was written almost totally from a clinical perspective.

Vocational Rehabilitation of the Former Drug Abuser. Washington, D.C.: Department of Health, Education, and Welfare, 1973.

This four volume publication is an outgrowth of a seminar held in early 1973 and contains prepared papers and transcripts of the proceedings. The quality of the material is uneven but virtually all viewpoints are expressed. Unfortunately, only two representatives of labor and management were in attendance.

Finney, Graham S. Supported Work: Present Operations, Future Prospects. Working paper for the Ford Foundation, New York, 1974.

This paper, prepared by the former Commissioner of the Addiction Services Agency, evaluates supported work programs as an alternative to existing welfare and manpower programs.

Goldenberg, Ira. Employment and Addiction: Perspectives on Existing Business and Treatment Practices. Washington, D.C.: U.S. Department of Labor, 1972.

This study focuses on the attitudes and practices of treatment programs and employers with respect to the importance of employment. Goldenberg concludes that both groups talk about employment but do little else.

Halpern, Susan. Drug Abuse and Your Company. New York: American Management Association, 1972.

Ms. Halpern's book was prepared for an employer audience and that bias shows through. A major portion of the book represents actual company material that could be helpful to employers interested in developing policies and practices.

Training and Employing the Rehabilitated Drug Abuser: A Description of Pilot Programs in Selected Cities. Washington, D.C.: National League of Cities and United States Conference of Mayors, 1973.

This booklet describes about a dozen operating programs that provide employment for former addicts. In addition to program descriptions, the booklet indicates the level of dollar support and whom to contact for additional information.

U.S. Department of Labor, Bureau of Labor Statistics. Occupational Outlook Handbook. Washington, D.C.: U.S. Government Printing Office, 1974.

This book provides comprehensive information on employment outlook and trends in addition to detailed descriptions of 850 specific occupations in 13 major occupational categories in industries. Each occupational brief contains: (1) the nature of work; (2) places of employment; (3) training, other qualifications and advancement; (4) employment outlook; (5) earnings and working conditions; and (6) sources of additional information.

Employing the Rehabilitated Addict. Albany: Temporary State Commission to Evaluate the Drug Laws, 1973.

This report concludes that the former addict is clearly employable but cannot overcome discrimination. It proposes anti-discrimination legislation as a remedy.

First Annual Research Report on Supported Employment. New York: Vera Institute of Justice, 1973.

This report describes the operations of the various supported work projects conducted by the Vera Institute of Justice. It provides important background for those considering such an approach.

Ward, Hugh. Employment and Addiction: Overview of Issues. Washington, D.C.: Drug Abuse Council, Inc., 1973.

This monograph describes the employment of former addicts within the context of labor market practices and trends. The author concludes that attitudes and practices are improving slowly.

Of additional interest to the reader in the area of vocational rehabilitation of the drug abuser would be the following:

Arkin, Sharon. "Jobs for Ex-Addicts." Manpower. July, 1975.

Cull, J.G., and Hardy, R. E. Vocational Rehabilitation: Profession and Process. Illinois: Charles C. Thomas, 1974.

Cull, J.G., and Hardy, R. E. Drug Dependence and Rehabilitation Approaches. Illinois: Charles C. Thomas, 1973.

Drug Abuse Council. Employment Experience and Recent Research Findings, Drug Abuse Council Publication, Washington, D.C.: 1973

Holland, J. The Psychology of Vocational Choice. Waltham, Mass.: Blaisdell Publishing Co., 1966.

Isaacson, L.E. Career Information in Counseling and Teaching. 2nd ed. Boston: Allyn and Bacon, Inc., 1971.

National Institute on Drug Abuse. Drugs in Industry. Rockville, Md.: NIDA publication.

National Institute on Drug Abuse. Beazer vs. New York City Transit Authority, Landmark Decision on Methadone Maintenance, NIDA publication, 1975, Rockville, Md.

National Institute on Drug Abuse. Help Wanted: A Job Hunters Guide, NIDA publication.

Super, D. The Psychology of Careers. New York: Harper & Row, 1957.

U.S. Department of Labor. Dictionary of Occupational Titles. Vol. I & II. 3rd ed. Washington, D.C.: U.S. Government Printing Office, 1965.

Youth Projects, Inc. The State of the Art: Vocational Rehabilitation of the Drug Abuser. 4 vols. Washington, D.C.: HEW, 1973.

TESTING GUIDELINES

DESCRIPTION

The tests (Form A and Form B) that accompany this course were designed to be parallel measures of the trainees' understanding of vocational rehabilitation. Either test may be used as a pretest to indicate the awareness with which trainees are beginning the course. Also, either test may be used as a post-test--but no trainee should receive the same form as both pretest and posttest. When used this way, the tests will indicate how effective the lecture or class presentations have been and how much of the reading material the trainee has comprehended. The course objectives that focus on group process and other interpersonal skills are not measured by these tests.

Each test consists of twenty multiple-choice items and one matching item. The individual test items are referenced to specific modules and objectives as indicated in the answer key, and measure cognitive skills such as recall and recognition. Nineteen, or approximately one-third, of the course objectives are covered by the test items.

TEST LIMITATIONS

The tests should not be used as the sole evaluation either of the trainee or of the course. It should be remembered that the tests measure a limited number of the course objectives. If a trainer elects to omit an objective or objectives that are covered by a test item, then the respective test item(s) should be omitted from the test(s).

It is strongly recommended that users of this course supplement the prepared tests with other evaluative techniques. Some options that one might consider include: (1) an opinionnaire to elicit trainee opinions, attitudes and reactions to the course material and design (see the sample form on page 61); (2) the construction of additional multiple-choice questions to measure specific objectives; and (3) the use of rating scales to measure participant effectiveness in situations requiring interpersonal interaction or group participation.

Suggestions to improve the tests are always welcome. If the user finds that trainees have difficulty with certain items, the National Drug Abuse Center for Training and Resource Development (NDAC) would appreciate such information. NDAC would also welcome suggestions for test items or evaluation techniques that users of the course have developed to measure those objectives not covered by the existing tests.

TEST ADMINISTRATION

1. If a pretest and posttest format is being used, it is important that those individuals taking Form A as the pretest complete Form B as the posttest or vice-versa. This will help ensure that the learning gain, or difference between the pretest and posttest scores, is due to the learning that took place during the course and not due to the fact that the trainee may have memorized some of the test items.

2. Before handing out the tests and response sheets (if any are used), the trainer should spend a few minutes explaning the purpose of the pretest and posttest format. Emphasis should be placed on the prescriptive and diagnostic roles of the tests. The pretest, for example, can inform the trainer about the course objectives the trainees may already have mastered.

3. The trainee should then be asked to write his name on the test, or to record the code number that may have been assigned. Questions regarding the use and confidentiality of test results should be addressed by the trainer at this time.

4. The trainer may allow the trainee to respond directly on the test or on a response sheet. Commercial test response sheets are available from educational materials suppliers or may be developed by the trainer. If separate response sheets are used, the trainee should be requested to indicate on the sheet which form (A or B) of the test was administered.

5. Since time is not a critical factor of the tests included with this course, each trainee should complete the tests at his own pace. However, in many training situations this is not practical. The usual method is to include a block of time in the training schedule for testing. Previous use of the tests indicates that a minimum of thirty minutes should be allowed for their completion.

   The trainer might want to encourage the trainees to work as quickly as they can, at a pace that is comfortable. Research indicates that individuals taking multiple-choice tests generally do not improve their scores significantly by spending a great deal of time pondering each possible response. An individual's first choice is generally the best choice. The trainer may wish to point this out to the trainees.

TEST SCORING

An answer key plus a table for converting raw scores to percent scores has been included. Whether the trainer or the trainee

scores the tests, it is important that the trainee be aware of the results as soon as possible after completion of the test. The more immediate the feedback, the better the chance that the trainee will learn from the test.

No matter who corrects the tests, the course trainer should collect and record the test results. This data should be retained for periodic review to assist in revising and improving course presentation and materials.

VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

ANSWER KEY FOR FORM A

Item	Answer	Module/Objective*
1.	(b)	1.1
2.	(c)	1.3
3.	(b)	1.4
4.	(d)	2.3
5.	(a)	2.4
6.	(d)	3.1
7.	(b)	3.1
8.	(c)	4.2
9.	(d)	5.1
10.	(a)	5.2
11.	(b)	6.1
12.	(b)	7.1
13.	(d)	4.2
14.	(c)	7.2
15.	(a)	7.3
16.	(a)	9.4
17.	(d)	10.2
18.	(c)	11.2/11.3
19.	(b)	11.4
20.	(a)	9.6

Item	Answer	Module/Objective
21.	c 1	4.1
	e 2	4.1
	a 3	4.1
	f 4	4.1
	d 5	4.1
	b 6	4.1

* The first number indicates the module while the second number refers to the objective within that module. For example, test item 8 is indexed to module 4, objective 2 which is: List the six steps that are involved in conducting a client interview as presented in the resource paper, "Principles of Effective Interviewing."

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VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

ANSWER KEY FOR FORM B

Item	Answer	Module/Objective*
1.	(c)	1.1
2.	(b)	1.3
3.	(c)	1.4
4.	(d)	2.3
5.	(a)	2.4
6.	(d)	3.1
7.	(c)	3.1
8.	(a)	4.2
9.	(d)	5.1
10.	(b)	5.2
11.	(a)	6.1
12.	(d)	7.1
13.	(b)	4.2
14.	(c)	7.2
15.	(b)	7.3
16.	(b)	9.4
17.	(a)	10.2
18.	(c)	11.2/11.3
19.	(d)	11.4
20.	(a)	9.6

Item	Answer	Module/Objective
21.	d 1	4.1
	e 2	4.1
	b 3	4.1
	a 4	4.1
	f 5	4.1
	c 6	4.1

* The first number indicates the module while the second number refers to the objective within that module. For example, test item 8 is indexed to module 4, objective 2 which is: List the six steps that are involved in conducting a client interview as presented in the resource paper, "Principles of Effective Interviewing."

TABLE FOR CONVERTING RAW SCORES TO PERCENT SCORES

Directions: Each item on the test has one correct answer with the exception of item 21. For item 21, each response correctly placed in the requested sequence should receive one point. Item 21, therefore, has a total possible value of six points. The highest raw score possible for either test (Form A or Form B) is 26.

RAW SCORE NO. CORRECT		PERCENT
1	=	4%
2	=	8%
3	=	12%
4	=	15%
5	=	19%
6	=	23%
7	=	27%
8	=	31%
9	=	35%
10	=	38%
11	=	42%
12	=	46%
13	=	50%
14	=	54%
15	=	58%
16	=	62%
17	=	65%
18	=	69%
19	=	73%
20	=	77%
21	=	81%
22	=	85%
23	=	88%
24	=	92%
25	=	96%
26	=	100%

VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

TEST RESPONSE SHEET - FORM A

In order to evaluate and update our training program, we want to collect data on the learning that takes place during the course. The care with which you respond to the following questions will yield improved training programs in the future for others. PLEASE WAIT FOR INSTRUCTIONS FROM YOUR TRAINER BEFORE TURNING THIS PAGE AND BEGINNING THE TEST. RECORD YOUR RESPONSES ON THE FORM BELOW.

Name _____ Date _____

1.	a	b	c	d	11.	a	b	c	d
2.	a	b	c	d	12.	a	b	c	d
3.	a	b	c	d	13.	a	b	c	d
4.	a	b	c	d	14.	a	b	c	d
5.	a	b	c	d	15.	a	b	c	d
6.	a	b	c	d	16.	a	b	c	d
7.	a	b	c	d	17.	a	b	c	d
8.	a	b	c	d	18.	a	b	c	d
9.	a	b	c	d	19.	a	b	c	d
10.	a	b	c	d	20.	a	b	c	d

21. Sequence of Steps

_____ 1

_____ 2

_____ 3

_____ 4

_____ 5

_____ 6

I. Directions (Questions 1-20): Please indicate the best response to each of the following questions by circling the letter of the response that corresponds to the answer you select. Please select ONLY ONE ANSWER for each question.
NOTE: Throughout this test the letters "VR" refer to vocational rehabilitation.

1. Which ONE of the following items is least likely to be a reinforcement that our society gives the working individual?

   a. self-worth
   b. social friends
   c. social acceptance
   d. social identity

2. Certain things have been taken for granted as important steps in the model of the vocational rehabilitation process as applied to drug treatment programs. Select the ONE item below that IS NOT one of these steps.

   a. Both the client and the vocational rehabilitation specialist must agree on the plan by which the client will receive services.
   b. Any action should be based upon assessment information that is adequate, accurate and realistically interpreted.
   c. Most of the services offered by the vocational rehabilitation specialist should be set up to prepare the client for a specific job.
   d. Adequate records must be kept for the effective administration of client services.

3. The VR specialist should perform certain primary functions in order to effectively carry out the rehabilitation process. Which item listed below IS NOT one of these functions?

   a. guidance
   b. testing
   c. support
   d. follow-up

4. Which ONE item below IS NOT among the primary duties of the VR specialist in the helping relationship with the client?

   a. planning and program development
   b. community relations
   c. job placement
   d. simulated job interviewing

5. Select the ONE item below that IS NOT generally listed as a responsibility of the VR specialist.

   a. psychological evaluation
   b. specialized services
   c. vocational training
   d. personal adjustment training

6. The peers of the addicts living this lifestyle often refer to them as dope fiends or hustlers and tend to rank them on a hierarchy of prestige according to their money making power and ingenuity. If these addicts seek treatment it is usually only to bring their habits down to a level they can afford. Select the one response below that most accurately fits the description just given.

   a. dealer addict
   b. shooting gallery addict
   c. female addict
   d. street addict

7. Which addict tends to consume heroin in greater quantities than other addicts?

   a. the shooting gallery addict
   b. the dealer addict
   c. the street addict
   d. the employed addict

8. In conducting an effective client interview, the VR specialist should follow certain steps. Select the ONE item below that IS NOT one of the recommended steps.

   a. listening
   b. setting expectations
   c. counseling
   d. questioning procedures

9. Career choice, according to Donald Super, is a process that goes through five developmental stages. Each stage reflects the integration of a person's self-concept with his level of personality development. Select the item below that IS NOT a stage in Super's vocational choice model.

   a. exploration
   b. establishment
   c. maintenance
   d. stagnation

10. John Holland believes: (1) that there are six major categories of personality types and that (2) individuals express their personalities through their choice of vocation. Select the item below which IS NOT one of his personality types.

    a. creative
    b. conventional
    c. realistic
    d. social

11. In developing a treatment contract, the VR specialist should include certain required components. Which ONE of the items listed below IS NOT a required component?

    a. consideration of responsibilities
    b. development of a serial contracting format
    c. selection of a means to evaluate change or goal realization
    d. establishment of mutually agreed-upon goals

12. In vocational rehabilitation, the helping process is influenced by four major variables. Select the item that IS NOT one of these variables.

    a. the client
    b. the employer
    c. the problem
    d. the helper

13. The way a question is asked during a client interview may add to or detract from the interview. Which one question below would most likely contribute to an effective interview?

    a. "Since working with young people is something you say you'd like to do, I need some information about your experience in this field so we can start planning an approach to employers."
    b. "Don't you think you might have taken advantage of your friends?"
    c. "Do you like your family?"
    d. "What frightened you about the experience?"

14. The VR specialist, as the helper in a helping relationship, can greatly facilitate that relationship by using the seven characteristics identified by Carkhuff and Truax. Which ONE item below IS NOT one of these characteristics?

    a. confrontation
    b. respect
    c. sympathy
    d. genuineness

15. Which ONE of the following statements IS NOT in keeping with the questions Jenkins poses for helpers to ask themselves when in helping relationships?

    a. Can I make suggestions and propose action as the relationship demands?
    b. Can I avoid being flattered by the client's coming to me for help?
    c. Can I curb the impulse to start making suggestions before we both have diagnosed the trouble?
    d. Can I accept the client's resistance to my helpful ideas?

16. The purpose statement of a job development plan serves several functions. Select the function from the list below that IS NOT usually found in a purpose statement.

    a. It provides a time schedule for the job development process.
    b. It tells, in general terms, what the job developer does for the client and the employer.
    c. It tells who the clients are.
    d. It tells why the job developer is part of the larger program.

17. The process of getting a client ready for employment should follow certain steps according to Hardy's model. Which item listed below IS NOT one of the recommended steps?

    a. Study the client's needs and the types of gratification meaningful to him.
    b. Gather valid psychological and/or job analysis data.
    c. Review the requirements of the job and the individual traits needed to meet them.
    d. Identify a key contact person at the job location to assist the client.

18. Postplacement follow-up with the client and the employer is most crucial during which ONE of the following?

    a. first week of employment
    b. first month of employment
    c. first three months of employment
    d. first year of employment

19. A theme-centered group workshop is usually a short-term procedure consisting of four parts. Which one of the items below IS NOT a part of a theme-centered workshop?

    a. a clear set of behavioral objectives
    b. a limit of not more than two sessions
    c. a clear-cut workshop design
    d. a method for evaluating its success

20. Which one of the objectives listed below is a long-term program-centered objective meeting the criteria of being dated, measurable and indicative of an acceptable level of achievement?

a. Within three months, the specialist will have developed an indexed card file of at least 100 companies, public agencies and other sources of jobs. They will be listed as to type, job categories, pay scale, hours, willingness to accept referrals and any personal observations made as a result of the contacts. This file will be located so that the residents and staff will be able to make use of it in the absence of the specialist.

b. During the next four months, the VR specialist will contact the Chamber of Commerce, the Department of Employment Security and other such agencies to compile a listing of the businesses and industries within a thirty mile radius of the program. This listing will be printed and given to each client as he or she reaches the job development phase of their rehabilitation.

c. Within three months of their last staff meeting, the counselors and vocational rehabilitation specialists at Rosslyn House will develop better communications so that each knows what information the other needs to perform his other job.

21. Directions: The overall interviewing process consists of six stages that in most cases should follow an established sequence. Indicate the recommended sequence by placing the letters from Column II in the correct order in Column I. For example, the letter of the item that you believe is the first stage in the interviewing process would be placed in the space next to Number 1 of Column I.

I. Sequence of Stages	II. Stages of Interview Process
_____ 1	a) Formulation of questions
_____ 2	b) Action/intervention
_____ 3	c) Establishment of a general purpose
_____ 4	d) Analysis of interview
_____ 5	e) Determining the content
_____ 6	f) Conducting the interview

VOCATIONAL REHABILITATION IN THE TREATMENT SETTING

TEST RESPONSE SHEET - FORM B

In order to evaluate and update our training program, we want to collect data on the learning that takes place during the course. The care with which you respond to the following questions will yield improved training programs in the future for others. PLEASE WAIT FOR INSTRUCTIONS FROM YOUR TRAINER BEFORE TURNING THIS PAGE AND BEGINNING THE TEST. RECORD YOUR RESPONSES ON THE FORM BELOW.

Name _____ Date _____

1.	a	b	c	d	11.	a	b	c	d
2.	a	b	c	d	12.	a	b	c	d
3.	a	b	c	d	13.	a	b	c	d
4.	a	b	c	d	14.	a	b	c	d
5.	a	b	c	d	15.	a	b	c	d
6.	a	b	c	d	16.	a	b	c	d
7.	a	b	c	d	17.	a	b	c	d
8.	a	b	c	d	18.	a	b	c	d
9.	a	b	c	d	19.	a	b	c	d
10.	a	b	c	d	20.	a	b	c	d

21. Sequence of Steps

_____ 1

_____ 2

_____ 3

_____ 4

_____ 5

_____ 6

I. Directions (Questions 1-20): Please indicate the best response to each of the following questions by circling the letter of the response that corresponds to the answer you select. Please select ONLY ONE ANSWER for each question.
NOTE: Throughout this test the letters "VR" refer to vocational rehabilitation.

1. Our society tends to provide certain reinforcements for the individual who is working. Select the ONE item below that is the least likely to be one of these reinforcements.

   a. social acceptance
   b. increased self-esteem
   c. acceptable social friends
   d. feeling of being worthwhile

2. In discussing the use of a vocational rehabilitation model in drug treatment programs, certain steps have been listed as important. Which ONE of the items below IS NOT one of these steps?

   a. adequate assessment information on which to take action
   b. structuring the services offered by the VR specialist so as to prepare the client for a specific job
   c. a guidance and counseling process that establishes a therapeutic climate
   d. maintenance of adequate records by which to evaluate client services

3. Select the ONE item below that IS NOT considered a major function of the VR specialist within the rehabilitation process.

   a. assessment of the client to develop a rehabilitation plan
   b. guidance and counseling of the client
   c. the coordination of services to the client
   d. follow-up on the work and personal adjustment of the client

4. Which ONE item below IS NOT considered a major duty of the VR specialist?

   a. staff consulting
   b. referral
   c. job placement
   d. aptitude testing

5. Select the ONE item below that IS NOT generally considered to be the VR specialist's responsibility.

   a. psychological evaluation
   b. social rehabilitation
   c. vocational evaluation
   d. vocational training

6. Which addict usually supports his or her habit by providing a place where other addicts may administer their heroin?

   a. the dealer addict
   b. the addict under treatment
   c. the suburban addict
   d. the shooting gallery addict

7. The addict who more frequently consumes a greater quantity of heroin than other addicts is:

   a. the street addict
   b. the female addict
   c. the dealer addict
   d. the suburban addict

8. There are certain steps that the VR specialist should follow while conducting an interview with a client. Which item below IS NOT one of the recommended steps?

   a. counseling
   b. setting expectations
   c. role clarification
   d. termination

9. Career choice, according to Donald Super, is a process that goes through five developmental stages. Each stage reflects the integration of a person's self-concept with his level of personality development. Select the item below that IS NOT a stage in Super's vocational choice model.

   a. maintenance
   b. exploration
   c. establishment
   d. creation

10. John Holland believes: (1) that there are six major categories of personality types and that (2) individuals express their personalities through their choice of vocation. Select the item below that IS NOT one of his personality types.

    a. realistic
    b. explorative
    c. artistic
    d. conventional

11. Select the ONE item below that IS NOT a component required in developing a treatment contract.

    a. incorporation of client suggestions regarding the contract's reinforcement schedule
    b. consideration of responsibilities
    c. establishment of mutually agreed-upon goals
    d. selection of a way to evaluate change or goal realization

2. The helping process in vocational rehabilitation is influenced by four major variables. Which of the items listed below IS NOT one of these variables?

   a. the helper
   b. the problem
   c. the client
   d. the employer

3. During a client interview, the way a question is asked may add to or detract from the interview. Which one question below would most likely contribute to an effective interview?

   a. "It would help me understand things better if you could tell me why you like taking heroin."
   b. "In what ways do you feel I can be helpful to you?"
   c. "When did you start using drugs?"
   d. "Do you like this program and if not how can we change it?"

4. The VR specialist, as the helper in a helping relationship, can greatly facilitate that process by using the seven characteristics identified by Carkhuff and Truax. Which ONE item below is NOT one of these characteristics?

   a. immediacy
   b. concreteness
   c. practicality
   d. respect

5. Which ONE of the following statements IS NOT in keeping with the questions Jenkins poses for helpers to ask themselves when in helping relationships?

   a. Can I listen well enough to sense how the client is doing and feeling about the problem?
   b. Can I make suggestions and propose action as the relationship demands?
   c. Can I keep those associations that recall my own previous experience in the background?
   d. Can I accept the client's resistance to my helpful ideas?

6. The purpose statement of a job development plan serves several functions. Select the function from the list below that IS NOT usually found in a purpose statement.

   a. It tells who the clients are.
   b. It tells exactly what the job developer will do.
   c. It tells why the job developer is part of the larger program.
   d. It is a statement without time parameters.

17. The process of getting a client ready for employment should follow certain steps according to Hardy's model. Which item listed below IS NOT one of the recommended steps?

a. Identify a key contact person at the job location to assist the client
b. Study the client's needs and the types of gratification meaningful to him
c. Gather valid psychological and/or job analysis data
d. Discuss the job analysis and psychological evaluation with the client

18. Postplacement follow-up with the client and employer is most crucial during the:

a. first week of employment
b. first month of employment
c. first three months of employment
d. first six months of employment

19. A theme-centered group workshop is usually a short-term procedure consisting of four parts. Which ONE of the items below IS NOT a part of a theme-centered workshop?

a. a clear set of behavioral objectives
b. a clear-cut workshop design
c. a method for evaluating its success
d. a pre-assessment of potential participants

20. Which ONE of the objectives listed below is a long-term client centered objective meeting the criteria of being dated, measurable and indicative of an acceptable level of achievement?

a. During the next three months, 80% of the program's graduates will have been placed in jobs or training programs that are the direct result of the specialist's development efforts with the business community, manpower and training programs, and other existing community services.

b. Over the next three months, the specialist and the counselors will begin communicating more clearly the information that they each need from one another in order to more effectively perform their jobs.

c. During the next three months, the vocational rehabilitation specialist will have designed a survey questionnaire to be mailed to prospective employers to determine the type of business, job categories, pay scales, etc., available in the area immediately served by the program. The questionnaire must be approved by his supervisor with the results being used by the VR specialists in the program to improve their job placement efficiency.

21. Directions: The overall interviewing process consists of six stages that in most cases should follow an established sequence. Indicate the recommended sequence by placing the letters from Column II in the correct order in Column I. For example, the letter of the item that you believe is the first stage in the interviewing process would be placed in the space next to Number 1 of Column I.

I. Sequence of Stages	II. Stages of Interview Process
_____ 1	a) Conducting the interview
_____ 2	b) Formulation of questions
_____ 3	c) Action/intervention
_____ 4	d) Establishment of general purpose
_____ 5	e) Determining the content
_____ 6	f) Analysis of interview

SAMPLE PARTICIPANT OPINIONNAIRE

The items listed below represent some types of questions a trainer may wish to ask the trainees he is instructing. An examination of the participants' opinions will assist the trainer in determining such things as the degree to which the trainees may be motivated by the training, or how well the training appears to be meeting needs of the trainees. Such information allows the trainer to adjust his training techniques and to address trainee concerns.

To minimize the effect of isolated extreme opinions the trainer should attempt to get a sense of the group as a whole. This may be done by averaging the ratings given by each trainee for each question on the opinionnaire. In like manner an overall rating can be assigned to each module based on all the scores for all the items. Comparisons between modules should be made only if the same items were used under each module.

DIRECTIONS: Using the 1-5 rating scale provided, would you please rate THIS MODULE for the variables requested by drawing a circle around one number from 1-5. ("1" or "strongly disagree" is the lowest rating, while "5" or "strongly agree" is the highest rating.)

Module 1: The Process	Strongly Disagree				Strongly Agree
a) The module achieved its objectives.	1	2	3	4	5
b) The training provided me with new skills.	1	2	3	4	5
c) The content was relevant to my work.	1	2	3	4	5
d) The training will be useful in my work.	1	2	3	4	5
e) The training activities were arranged in a logical order.	1	2	3	4	5
f) The training activities were interesting.	1	2	3	4	5
g) The material in my training manual will be useful as an on-the-job reference.	1	2	3	4	5

Comments:

1. What I liked the most:

2. What I liked the least:

UNIT I

THE VOCATIONAL REHABILITATION PROCESS IN THE TREATMENT SETTING: AN OVERVIEW

INTRODUCTION I-3

TRAINING GOALS I-3

MODULE 1: THE PROCESS

- Focus, Objectives, and Resources I-1-7
- Learning Activity Schedule I-1-9
  - Learning Activity 1: Trainer Presentation and Group Discussion I-1-9
- Trainer Guidelines I-1-11
- Resource Materials
  - Resource Paper: "The Vocational Rehabilitation Process" I-1-13

MODULE 2: THE SPECIALIST

- Focus, Objectives, and Resources I-2-1
- Learning Activity Schedule I-2-3
  - Learning Activity 1: Trainer Presentation and Small Group Discussion I-2-3
  - Learning Activity 2: The Program Force Field Analysis I-2-3
  - Learning Activity 3: Participant Self-Assessment I-2-3
- Trainer Guidelines I-2-5
- Resource Materials
  - Resource Paper: "The Vocational Rehabilitation Specialist" I-2-9
  - Vocational Rehabilitation Specialist Position Description I-2-23
  - Program Force Field Analysis Form I-2-24
  - Self-Assessment Form I-2-26

MODULE 3: UNDERSTANDING THE CLIENT

- Focus, Objectives, and Resources I-3-1
- Learning Activity Schedule I-3-3
  - Learning Activity 1: Trainer Presentation and Small Group Discussion I-3-3
  - Learning Activity 2: Identifying Client Lifestyles, Behavior Patterns, and Social History Information I-3-3

Trainer Guidelines I-3-5
Resource Materials
Resource Paper: "Understanding Drug Abuse:
Implications for Vocational Rehabilitation" I-3-9
Client Profile #1: "Wanda" I-3-35
Client Profile #2: "T.J." I-3-37
Client Profile #3: "Joyce" I-3-39

UNIT I: THE VOCATIONAL REHABILITATION PROCESS IN THE TREATMENT SETTING: AN OVERVIEW	
Time Required: 7 hours 45 minutes	
INTRODUCTION	Unit I introduces the three principal elements of vocational rehabilitation (VR) in drug treatment programs: the process, the vocational rehabilitation specialist, and the client. It provides a framework for the specific skills and information examined in subsequent units. Each module is designed to encourage trainees to relate to the principal concepts of vocational rehabilitation to conditions within their own programs and to identify their individual learning objectives. Module 1, "The Process," presents a model for a vocational rehabilitation program that is applicable to most residential and outpatient modalities. Module 2, "The Specialist," examines the position and responsibilities of the VR specialist within the program and the skills and knowledge that individual must have to function effectively. Module 3, "Understanding the client," addresses those factors in the client's background that influence the planning of effective vocational rehabilitation services. At the beginning of the day's activities, and before the learning activities begin, the trainer will discuss the unit goals, the learning objectives for each module within the unit, and the sequence of events.
TRAINING GOALS	The goals of Unit I are to-- • provide trainees with a conceptual framework for understanding the vocational rehabilitation process and its application to the client (drug abuser) in the treatment setting; • acquaint trainees with the role and responsibilities of the VR specialist in the treatment setting; • discuss with trainees some of the problems and concerns of the specialist, the client, and the drug treatment program;

	• assist trainees to assess their own job environments to determine those forces which help or hinder them in discharging their duties and responsibilities; • provide an opportunity for trainees to assess their own skill and knowledge levels to determine those areas on which they should concentrate while in training.

KEY TO RESOURCE SYMBOLS

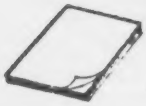
means flip charts and felt-tipped pens

means assemble total training group in large room

means breakdown into small groups in smaller rooms or move to spaces within the large training room

means triads or groups of 3

means dyads or groups of 2



means resource papers (found at the end of each module)

means trainer who leads or has primary responsibility for the module or learning activity

means backup facilitators or trainers who assist with small group work or in large group discussion

means ½" videotape and monitor

MODULE 1: THE PROCESS (1 hour)	
Focus, Objectives, and Resources	
FOCUS	Module 1, an overview of the training program, establishes the framework for the subsequent modules in Unit I. It is intended to stimulate discussion among trainees of their ideas and concerns regarding the vocational rehabilitation of the drug abuser. A model vocational rehabilitation process that could be included in any treatment modality is presented. This model deals primarily with the rehabilitating heroin addict in residential or outpatient programs that are medium to long-term, and have a counseling or psychotherapy component (individual, group, or individual and group). It does not isolate the special problems that may be specific to some treatment modalities. These concerns are left for the trainees to uncover, if they so wish.
LEARNING OBJECTIVES	Upon completion of the learning activity, trainees will be able to-- • identify a minimum of four positive benefits that our society confers on individuals who are working; • identify the implications that our society's view of work has for the vocational rehabilitation of the drug abuser; • identify a minimum of four assumptions that are necessary requirements for the implementation of a rehabilitation process model; • list the four main functions of the VR specialist as described in the model vocational rehabilitation process; • identify a minimum of three activities for each of the four functions performed by the VR specialist in the vocational rehabilitation process model.

RESOURCES REQUIRED	The learning activity in this module requires the following resources: • A copy of the resource paper for each trainee • A flip chart and felt-tipped markers • A large training room • One trainer

MODULE 1: THE PROCESS

Learning Activity Schedule

Activity 1 hour	Trainer Presentation and Group Discussion Discussion of the failure of most drug treatment and rehabilitation centers to provide adequate services to their clients and consideration of the causes of this shortcoming are principal learning activities of Module 1. Through a brief talk and group discussion, the trainer presents a largely philosophical argument for more and better vocational rehabilitation services delivered to the drug abuser as an integrated part of the total treatment and rehabilitation process.
Resources Required	

MODULE 1: THE PROCESS	
Trainer Guidelines	
Activity	Trainer Presentation and Group Discussion
15 to 20 minutes	PHASE I Make a brief presentation based on the resource paper for this module.
30 to 35 minutes	PHASE II Conduct a group discussion of the presentation. You will want to include the following issues: • What are the trainees' concerns about the vocational rehabilitation process in their programs? • What are the trainees' perceptions of the model program just outlined? • What issues concern the trainees that were not covered in the talk?

THE VOCATIONAL REHABILITATION PROCESS

I. Description of the VR process

- A. Assessment of client's readiness (for employment)
- B. Guidance of client through preparation for employment
- C. Support for client during placement
- D. Follow-up of client after placement
- E. The specialist's responsibilities
  1. Setting goals with client
  2. Facilitating personal and social adjustment
  3. Making referrals
  4. Developing jobs
  5. Making placements
  6. Providing support and follow-up

II. Work and society

- A. Value of work in American society
- B. Value of work to individual self-image
- C. Importance of gratification from work
- D. Problems encountered by ex-addicts adjusting to work

III. Vocational rehabilitation process model

- A. Operations required for effective vocational rehabilitation
- B. Assessment

C. Guidance

D. Possible courses of action

1. Vocational training

2. Personal adjustment training

3. "Sheltered," or modified, employment

4. Social rehabilitation

E. Support

1. Job development

2. Placement

3. Follow-up

IV. Summary

THE VOCATIONAL REHABILITATION PROCESS

INTRODUCTION

Vocational rehabilitation is the process in which a disabled person is assisted by one or more specialists in getting the training, education, and counseling needed to make the personal and social adjustments necessary to enter a vocation. The necessary adjustment requires that the client make his values and aspirations compatible with a system that emphasizes responsible, paid employment as a measure of acceptance and approval. This adjustment is particularly crucial for the drug abusing client. In order to assist a client in this adjustment, a VR specialist must be able to assess the client's aspirations, values, needs, and abilities. He must then be able to guide the person through the process of training, planning, referral, and job hunting. He must support the client through job development and placement, and, finally, follow up with the employer and client. Vocational counseling is the process through which these functions take place.

Clients are often able to learn new attitudes and appraise assets and liabilities with respect to vocational realities without requiring major personality restructuring. In these cases, psychotherapy is not needed. In any event, psychotherapy is not a function of the VR specialist.

Psychotherapy may be needed in some measure, but vocational planning, not psychotherapy, is the primary orientation of the process. The vocational counselor is the reinforcing agent, facilitator of client activity, resource person, and "expert" on techniques for discovering information relevant to vocational planning. Although the VR Specialist may work with a client on a number of problems, he is primarily concerned with the vocational rehabilitation of the client. This is an important consideration to keep in mind, because in drug treatment facilities role boundaries between vocational and therapeutic counselors are often ill-defined.

The VR specialist must be able: 1) to establish a contract with the client, specifying the goals that they are working together to achieve; 2) to guide, facilitate, and counsel the client in making personal and social adjustments that prepare him for work; 3) to make appropriate referrals for services that are unavailable within the program; 4) to develop jobs; 5) to make placement referrals to employers; and 6) to provide supportive services, such as follow-up counseling, that help the client sustain himself once he is employed.

WORK AND SOCIETY

Pertinent to any discussion of the vocational rehabilitation process is the meaning of work in our society. It is important that the vocational specialist understand why people work,

for his goal is the vocational adjustment of his clients; all of his activities are directed toward this goal.

Ours is a strongly work-oriented society; the ability to perform in paid employment is used as an important indicator of personal worth. Although one's ability to secure and maintain a job is one of the ways society identifies those who are acceptable and those who are not, we know that simply receiving a paycheck is not sufficient gratification. If paid employment were the only requirement for suitable work, then the VR specialist would not need to consider such factors as a client's interest, aptitudes and the conditions conducive to satisfaction with his job. On the contrary, he would need only to find or create jobs his client could do and that would provide the client with the essentials of living. The client's emotional needs or needs for personal satisfaction would not be considerations.

However, people are happiest and most productive when performing work that fulfills their psychological needs and provides them with the material necessities. Work, as a way of life, is one of the ways in which Americans find social acceptance and a personal internal sense of themselves as "worthwhile." When, for any reason, the individual is unable to get or keep a job, he is threatened by a lack of social acceptance, poor self-concept, and all the possible reactions that result from feeling unaccepted (or unacceptable) and worthless.

What is work then, if it is more than just earning a salary? David Steinberg (1971) describes his perception of work in the following thoughts.

> Working and growing stand very close together. Perhaps they are completely synonymous. At least I can't think of how to do one without the other.
>
> For the lawnmower, the opposite of working is being broken. And for part of me that's also true. My work is a sign of where I am. When I'm broken, I don't work.

Until clients of drug treatment and rehabilitation programs begin to move toward the societal ideal of gainful employment, hence social acceptance and elevated self-esteem, they will continue to be "broken"--perpetual recidivists. Unless the treatment and rehabilitation process with drug abusers includes an intentional, clearly defined, skillful effort of reeducation and skill training in preparing the client psychologically and physically to enter the world of work, the rehabilitation process is incomplete and meaningless. It is meaningless if it does not facilitate the drug abuser's abstinence from drugs and the acceptance of himself as an independent, self-reliant member of society.

Staying straight is doubly difficult for the minority ex-addict who is, first of all, affected by his minority status, secondly, stigmatized as an ex-addict, and, thirdly, probably unaware of the values and work skills necessary to make the adjustment to a regular life. The rate of recidivism for this population will continue to be excessively high unless treatment programs take more seriously the need for systematic planning to meet the vocational needs of clients.

Merely considering vocational needs may not be enough, and it is at this point that the counseling and guidance function that operates in any good rehabilitation program must take over. Helping the client develop a genuine appreciation of himself as a worker may be a difficult task. This is especially true for those clients who have not had experiences that would lead them to believe that there are intrinsic satisfactions to be derived from the work experience.

The VR specialist need not believe that the work ethic is viable, but he should accept that it exists. Despite philosophical arguments pro and con, the value of paid employment is an end result of the vocational rehabilitation process. This course is based on the assumptions that: 1) given the preparation and opportunity for a successful work experience, most people would prefer full or part-time paid employment to the "hassle" of criminal activity or public assistance; 2) the majority of people are capable of and suitable for some form of work activity (work activity is not defined by the middle-class concept of a traditional nine to five job, but rather by any paid activity performed full or part-time, suitable to the individual's psychological needs and interests); and 3) the VR specialist must be able to help a client discover what he or she is interested in and capable of doing for wages by being aware of traditional employment opportunities as well as alternatives that suit a client's life experiences, preferences, etc. There is often such a disparity between the employment qualifications

and social profile of the typical inactive addict (criminal record, lack of education, scanty work history and minority group status) and the needs of the employer that the VR specialist must be extremely imaginative and tenacious in preparing and securing actual employment for the client.

A VOCATIONAL REHABILITATION PROCESS MODEL

Hugh Ward in Employment and Addiction: Overview of Issues (1973) describes the problems of inactive addicts and employment by defining several elements that have contributed to the "lag" between treatment and total rehabilitation of clients in drug programs. These relevant factors are: 1) that the perspectives of agencies and individuals involved in treatment programs are so diverse that nobody feels responsible for the employment issue, and 2) there is the mistaken belief that if addicts are rehabilitated, employment will be taken care of automatically.

Recently the Joint Commission on Accreditation of Hospitals published Standards for Drug Abuse Treatment and Rehabilitation Programs (JCAH, 1975). Developed in conjunction with specialists in the drug abuse field, the document establishes principles that drug programs should strive to meet.

The following model for vocational rehabilitation services in drug treatment and rehabilitation programs parallels the standards established by the JCAH (1975). A strong commitment of manpower, time, and funds from the program is required to implement this aspect of drug rehabilitation treatment. The program must also define its success in terms of the vocational adjustment and gainful employment of its graduates. If a program does not have the resources for vocational services, responsibility should be delegated to an outside agency. However, the agency should assign a specific individual to serve as coordinator of the program's vocational

rehabilitation component.

This model presumes that the VR specialist is a fully integrated and valued member of the treatment team from the moment of the client's entrance into the rehabilitation process. Often the vocational counselor or specialist is included only after the client is believed to "have his head together," which may be a month or less before his anticipated exit from the program.

The vocational rehabilitation process model presented here has been specifically tailored for the vocational rehabilitation specialist. It is assumed that he is working with a trained counselor,* and does not have the responsibility for psychological or vocational testing or for test interpretation.

The vocational rehabilitation process is a planned, orderly sequence of services related to the total needs of each client.

To achieve this--

- o action must be based upon adequate assessment information that has been accurately and realistically interpreted;
- o each client must receive services that are guided by a sound plan agreed to by both client and specialist;
- o each service must be rendered thoroughly and systematically, and followed up;

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* Master's level vocational rehabilitation counselor or other professionally trained counselors

- o the guidance and counseling process is the vehicle through which a therapeutic climate is established, making it possible to render vocational services;
- o adequate records must be kept for effective administration and evaluation of client services.

The process begins with a client's entry into a treatment and rehabilitation program (after detoxification, if needed), and ends with his successful adjustment to a job.

The Assessment Function

The cornerstone of any helping process is the initial assessment and contract established between the client and counselor.

Assessment is a systematic procedure in which the vocational rehabilitation counselor collects information about and from the client in order to develop a comprehensive rehabilitation plan, a contract reflecting the end goal of the individual client once he has been rehabilitated. This plan should consider the extent to which the client has developed or needs to develop skills, knowledge, work habits, values, and interpersonal skills in order to achieve the desired outcome.

The client may require specialized services that are not available within the program. The vocational rehabilitation specialist may draw on resources such as the State Department of Vocational Rehabilitation or the Department of Employment Services, both of which may be used for special testing and more sophisticated vocational evaluation.

The Guidance Function

Vocational rehabilitation counseling is a process in which the specialist thinks and works in a face-to-face relationship with a disabled person in order to help him understand both his problems and potentialities and to carry through a program of adjustment and self-improvement with the goal of making the best possible vocational, personal and social adjustment.

There are, however, some conflicts in the field as to whether or not the function of the vocational rehabilitation specialist is primarily that of counseling or the coordination of services. The point of view here is that the counseling relationship is the vehicle through which the client is enabled to 1) examine his vocational and social deficiencies, 2) take necessary risks toward making life changes, and 3) accept

services. Therefore, the primary concern of the vocational rehabilitation specialist is the establishment of a trusting, goal-oriented, facilitative relationship with the client that will allow them both to make and follow through on vocational plans leading to the client's vocational, personal and social adjustment.

The guidance and counseling function performed by the vocational specialist in the treatment setting involves the following processes:

- o Contracting, continuous goal-setting, and problem solving
- o Relationship-building for personal support and encouragement
- o Teaching or building on existing life skills, such as interpersonal skills, work habits, survival skills (budgeting, banking, avocational interests, personal time management, etc.)
- o Identification of vocational options
- o Identification of and referral for support resources, e.g., public assistance, family counseling, unemployment and workman's compensation
- o Client follow-up
- o Careful record keeping
- o Collaboration with other staff in the program so that there is continuity in services delivered to the client

Once the client's problem areas are identified and his goals are established, several courses of action are available:

- o Vocational Training. If a client needs to develop salable job skills, vocational training may be needed. The client should be involved in the selection of a field for training. The specialist should be reasonably sure, however, that there is a job market for the skills that the client is being taught.
- o Personal Adjustment Training. The client may need to develop and improve social skills that will help him get along with fellow employees and relate to a supervisor. He needs to learn to get to work on time, and to acquire essential work habits.
- o Sheltered or Modified Employment. The client may have to begin his rehabilitation in a sheltered setting. Demands on him will be made gradually. Pressures will increase slowly until it is clear that the client can function in a conventional work setting.
- o Social Rehabilitation. Here the stress is on improving interpersonal relationships so that the client will learn to trust others, to control his hostility, and to deal with negative feedback.

These concerns may be addressed during individual or group counseling sessions, depending upon which setting meets the needs of both client and specialist.

The Support Function

The support function is defined as those services that are provided for the client when he is job-ready--vocationally, socially and psychologically. Support includes job development, job placement, and follow-up. Without ongoing supportive services as an integral part of the treatment and rehabilitation process, the probability of successful client work-adjustment is questionable. For example, the types of supportive activities that are responsive to the client's needs are:

- Adequate, creative, and realistic job development policies and procedures
- Provision of alternative kinds of on-the-job training and unusual job placements as well as the more traditional placement and training opportunities
- Highly developed support programs that prepare clients for entry into the labor market by focusing on the psychological components of job readiness, job satisfaction, and work adjustment
- Careful attention to the client's conventional life-skill development

The low priority given to support and follow-up services in most drug treatment programs may be one factor contributing to the apparently high recidivism rates,

The functional support areas are the following:

- o Job Development. This is a systematic process for creating future job opportunities based on projected program needs and individual client needs.

  It encompasses employer education, contacting and using specialized agencies, building a community relations program to maintain interest and commitments, developing alternative and one-of-a-kind jobs, and building systematic resource files.

- o Placement. Here we are dealing with preparation of the employer as well as the client. Assessing the psychological readiness of the client to move into a job and designing a plan to respond to those areas in which he seems unprepared are a part of placement planning. Assessment of situational needs (transportation, wardrobe, stipend, tools, on-the-job training, etc.), recognition of anxiety about the initial interview or "fear fantasies" about failing are the concerns dealt with during placement.

Follow-up

Follow-up concerns work adjustment and personal life adjustment as the client prepares to leave the treatment facility and become totally independent. This transition means that the client must adjust to a whole new work and living situation.

Despite preparatory training, the new environment and living arrangements may have unfamiliar and disturbing elements for the client. Intensive postplacement counseling services are critical to the work adjustment and long-term rehabilitation of the client.

Supportive counseling in this area may include:

- o Performing follow-up (collecting information about and from the client and use of that information for current and future planning)
- o Supportive counseling (dealing with anxiety, use of leisure time, problems that surface relative to personal work and work adjustment)
- o Employer evaluation and client advocacy
- o Future planning for training, education, job advancement, and vocational change
- o Record keeping for effective planning

SUMMARY

To be effective, any drug abuse treatment and rehabilitation program must include a comprehensive vocational rehabilitation effort, complete with realistic goals and objectives. This effort includes assessment of the client's situation and needs, guidance through a difficult period of adjustment, support during the job-ready period, follow-up after placement, and all of the tasks included in these four major areas.

REFERENCE LIST

Steinberg, David. Working Loose. San Francisco: American Friends Service Committee, 1971.

Ward, Hugh. Employment and Addiction: An Overview. Washington, D.C.: Drug Abuse Council, Inc., 1973.

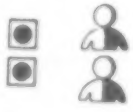
Standards for Drug Abuse Treatment and Rehabilitation Programs. Chicago, Illinois: Accreditation Council for Psychiatric Facilities, Joint Commission on Accreditation of Hospitals, 1975.

MODULE 2: THE SPECIALIST (2 hours 45 minutes)	
Focus, Objectives, and Resources	
FOCUS	Module 2 considers the specific role and functions that enable vocational rehabilitation specialists to assist clients in finding employment that will meet their needs and reintroduce them into the economic mainstream of conventional society. All too often the role and functions of the VR specialist are not clearly separated from those of the "treatment counselor." Therefore, Module 2 introduces the "ideal" role and the model VR specialist position description upon which this training program was designed. Discussion of this position description model encourages trainee analysis of roles, duties, functions, and responsibilities within their individual programs and in relation to client service delivery. Assessment of the trainees' job environment and their skill and knowledge levels will help to identify factors affecting their job performance and to determine their individual learning needs. Activities of the course and the goals trainees set for themselves within the training course are intended as the basis for continuing self-development as a VR specialist.
LEARNING OBJECTIVES	Upon completion of the learning activities in Module 2, trainees will be able to-- o describe, in group discussion, how each individual's job differs from or coincides with the role and functions of the VR specialist as outlined in the model presented by the trainer; o describe, by completing the Program Force Field Analysis, at least two forces at the program level that help VR specialists do their job and two factors that hinder them; o list a minimum of seven primary guidance functions of the VR specialists as outlined

LEARNING OBJECTIVES (Continued)	in the trainer presentation; o complete an individual needs assessment form using the skills and information categories generated from their group discussion.
RESOURCES REQUIRED	The learning activities in this module require the following resources: o For each trainee: One resource paper One position description One program force field analysis; and One assessment form o A flip chart and felt-tipped marker for each small group o A large training room and small-group space

MODULE 2: THE SPECIALIST

Learning Activity Schedule

Activity 1 1 hour 30 minutes	Trainer Presentation and Small Group Discussion The trainer presents a model position description for VR specialists in drug treatment programs and describes their role and functions in the vocational rehabilitation process. In small groups, trainees examine the relationship of this model to their own responsibilities and skills.
Resources Required	Position Description
Activity 2 1 hour	The Program Force Field Analysis Because the effectiveness of the VR specialist depends largely upon a clearly defined role, explicit guidelines for vocational rehabilitation within the program, and support from management and treatment staff, trainees are asked to complete an individual analysis of their programs. The analysis is a modified force field analysis adapted to examine the support or lack of support for VR specialists within their programs.
Resources Required	 Program Force Field Analysis
Activity 3 15 minutes	Participant Self-Assessment Trainees will complete a confidential self-assessment form that they have the option of discussing in the group or individually with a trainer. This task assists the trainees to appraise their skills and knowledge in their

	work as VR specialists and to determine the areas in which they need to concentrate during training.
Resources Required	Self Assessment Form

MODULE 2: THE SPECIALIST	
Trainer Guidelines	
Activity 1 25 to 35 minutes	Trainer Presentation and Small Group Discussion PHASE I 1) Briefly describe the objectives of Module 2 and the sequence of activities. Be sure each trainee has copies of the resource paper and the model position description. 2) Present a brief lecture on the role and functions of the VR specialist as described in the resource paper and the model position description. Correlate the position description with the model vocational rehabilitation process discussed in Module 1. Encourage discussion if that seems appropriate. The following exercises give participants ample opportunity to share their opinions. NOTE: IT WILL BE HELPFUL TO PREPARE A CHART ON NEWSPRINT THAT OUTLINES YOUR TALK PRIOR TO THE SESSION.
5 to 10 minutes	PHASE II 3) Divide the large group into smaller groups. NOTE: TRAINEES MAY DIVIDE THEMSELVES INTO GROUPS, OR THERE MAY BE NATURAL GROUPINGS YOU MAY WANT TO TAKE ADVANTAGE OF, E.G., SMALL TREATMENT PROGRAMS, PROGRAMS THAT HAVE STATE VR COUNSELORS ASSIGNED, ETC. 4) Assign a trainer or facilitator to each group and move to the small group space.
20 minutes	PHASE III 5) Each facilitator leads a discussion of the presentation made in the large group. Ask questions to stimulate trainees to examine their own jobs in comparison to the model position description. Note points of

	disagreement. List the duties and responsibilities that are most consistent within the group on a flip chart.
25 minutes	PHASE IV 6) Lead the group to determine from their own experiences the skills and knowledge they must have in order to perform each of the duties listed in the preceding task. List these requirements on the flip chart. The list should contain at least the following: o Interviewing skills o Knowledge of the drug culture o Basic counseling skills o Knowledge of record keeping procedures o Knowledge of employment resources in the community o Knowledge of social service agencies; o Skill in developing vocational rehabilitation plans with clients o Assessing clients' skills and interests o Knowledge of the treatment and rehabilitation process of their individual programs 7) Post the duties list and the skills and knowledge list on the wall for future reference.
10 minutes	STRETCH BREAK. Following the break, trainees return to small groups for Learning Activity 2.
Activity 2	The Program Force Field Analysis
5 to 10 minutes	1) Be sure that each trainee has a copy of the Program Force Field Analysis Form. Read aloud the directions and answer any questions. It may be helpful to demonstrate how the form is to be completed.

20 minutes	2. Ask trainees to complete the form. Be prepared to circulate among trainees to answer questions for those who may have difficulty with the assignment.
30 minutes	3. When trainees have completed the forms, have them self-select into dyads to analyze their responses. Facilitate discussion of these forms among trainees. NOTE: IF YOU THINK IT MORE ADVANTAGEOUS, YOU MAY CONDUCT THE DISCUSSION WITH THE ENTIRE GROUP. The following questions might be considered to direct the discussion: o Did the analysis assist you to discover anything about your program that you were not aware of before? o Did your "hindering" factors outweigh your "helping" factors, or the reverse? What impact do they have on your effectiveness in the program? o Which of the hindering factors can you change? To what extent? 4. Instruct trainees to save these forms to use in Unit V, "Problem Identification and Action Planning," the self-directed workbook.
Activity 3 15 minutes	<u>Participant Self-Assessment</u> 1. Explain the use of the Self-Assessment Form and check to see that each trainee has one. Stress the confidentiality of the form to reduce the concern that "appraisal" or "assessment" sometimes connotes to trainees. The assessment is for the <u>trainee's personal</u> use only, serving as a device to define the focus of concentration during training. 2. Answer any questions about the procedure for using the form. Be available to consult with any individual who may have difficulty with the assignment.

	NOTE: IF TIME IS SHORT AT THIS POINT, YOU HAVE THE OPTION TO ALLOW AND ENCOURAGE TRAINEES TO COMPLETE THE SELF-ASSESSMENT EXERCISE AFTER THE SESSION. 3) Give the trainees the opportunity to discuss the forms, if they wish, either in the total group or individually with a trainer. 4) Return to the large group room. 5) Conduct a brief closing summary, encouraging comments and questions from trainees.

THE VOCATIONAL REHABILITATION SPECIALIST

I. Vocational rehabilitation defined

   A. Finding employment for client through

      1. Assessing client's aspirations

      2. Guiding client to goals

      3. Supporting client through placement

      4. Following up with employer and client

   B. Importance of good placement

II. Primary functions of the vocational rehabilitation specialist

   A. Planning and program development

   B. Counseling and problem solving

   C. Client assessment

   D. Educational and occupational planning

   E. Referral

   F. Staff counsulting

   G. Community relations

   H. Job development

   I. Job placement

III. Information needed by the vocational rehabilitation specialist in the rehabilitation process

A. Specialized services

B. Vocational evaluation

C. Vocational training

D. Personal adjustment training

E. Sheltered employment

F. Social rehabilitation

G. Placement

H. Follow-up

THE VOCATIONAL REHABILITATION SPECIALIST

INTRODUCTION

Many treatment programs do not have an individual designated to perform vocational counseling. Instead, a treatment counselor must often perform this role in addition to myriad other duties. In order to provide this important service to clients, the specialist must be aware of the vocational rehabilitation process and the specific role that he plays. The following description represents the role and functions of the VR specialist in a treatment program. It presents definite standards upon which specialists can pattern their approach.

In Module 1 we defined the vocational rehabilitation specialist as a staff person who provides vocational counseling under supervision of a treatment counselor (program director, etc.) or a vocational rehabilitation counselor. A master's degree in vocational rehabilitation is not a prerequisite for the specialist's role.

The specialist's primary responsibility is to facilitate the client's entry into the working world. Through vocational counseling he helps the client move toward finding meaningful employment that will enable him to become an independent and productive member of society. To achieve this goal, the vocational rehabilitation specialist concentrates on specific functions that include assessment of the client's needs, abilities and values; counseling through the job planning and hunting process; support during

placement; and follow-up after employment is established. The vocational rehabilitation specialist is a reinforcing agent, a resource person, and an "expert" on techniques for discovering data relevant to vocational planning. Because of the numerous essential services performed, the inclusion of the vocational rehabilitation specialist early in the client's treatment is an important consideration.

The vocational rehabilitation specialist may be tempted to find employment of any kind for his client in the hope that this will satisfy the client's needs and perhaps satisfy his own supervisor's need for accountability. Although this is an important function, the specialist must recognize that mere placement in a paying job may not, in fact, meet the needs of the client.

The jobless individual may see job placement as paramount among his needs; however, a poorly placed person is often, ultimately, an unsatisfied person--one who, albeit employed, will soon be seeking an escape from an unsatisfactory way of life. Further, if the emphasis is on finding work, any kind of work, there is the risk of ending up in a dead-end job. It is the counselor's responsibility to couple the challenge of the client's immediate need for gainful employment with continued counseling aimed at retraining for higher skill levels. The client then is employed and equipped to make more appropriate and satisfying vocational choices.

Other concerns such as community relations and program development are also important to the specialist seeking to do a

thorough job, though they may not seem directly related to client services.

PRIMARY FUNCTIONS OF THE VR SPECIALIST

Major functions of the VR specialist in the helping relationship with the client include the following:

- o Planning and Program Development
- o Counseling and Problem Solving
- o Client Assessment
- o Educational and Occupational Planning
- o Staff Consulting
- o Community Relations
- o Job Development
- o Job Placement

Planning and Program Development. Before any one of these activities can be undertaken, cooperative planning by the entire staff must be implemented. Planning and program development may also include input from the community and agencies cooperating in formulating the program's objectives. It is imperative that the objectives of the program, as well as procedures for meeting the objectives, be clearly defined and stated.

The vocational rehabilitation specialist's role in this planning process is to--

- o assist in defining objectives of the vocational rehabilitation program;
- o identify needs of clients;

- o assist in developing plans and procedures;
- o evaluate the planned program.

Counseling and Problem Solving. This is the primary mechanis for building trust with the client, for obtaining information abou the client, for establishing a contract and goals with the client, and ultimately for assisting the client in maintaining suitable employment.

During vocational counseling, the specialist builds on treatment counseling. In order to do this the specialist--

- o reinforces the client's efforts to understand and accept himself;
- o assists the client in exploring and understanding his own values and attitudes related to work;
- o provides the client with objective information about himself that relates to his preparation for work;
- o provides new information about the environment to the clie
- o assists the client in establishing goals, solving problems, and making plans.

Client Assessment. This function may be shared by the intake worker (or assessment specialist) and others. Particularly in programs that use other existing agencies, such as the State Department of Vocational Rehabilitation Employment Services for client assessment, the VR specialist is the coordinator of such services for the client. The DVR, for instance, can provide general and specialized aptitude, vocational interest, and psychological testing and many other services. Background data,

standardized testing results, academic records, results of conferences with others, and other data about the client are shared with the client for his use.

The vocational rehabilitation specialist--

- o coordinates the compilation of useful data about the client;
- o maintains records about the client;
- o interprets information for the client in a manner acceptable to him;
- o assists the client, through personal interviews, in gathering further information about himself for self-understanding and decision making.

Educational and Occupational Planning. Distinctions between short-term goals, mid-range goals, and long-term goals must be made with the client, but the VR specialist must bear in mind that his perception of time may differ from the client's. It is crucial that intelligent planning for the client's educational or occupational goals be conducted for and with the client. People are not static, so that the growth and changing needs of the individual must be considered while conducting such planning.

The vocational rehabilitation specialist--

- o relates the client's interests, abilities, aspirations, and experiences to both current and future educational or occupational opportunities;
- o assists the client in understanding procedures for applica-

tions and job interviews;

- o keeps abreast of specialized job programs and training opportunities in his area;
- o describes current educational and occupational opportunities. (This may involve group programs, goal-oriented group sessions, or other methods of communication.)

Referral. The VR specialist has a major responsibility for making and coordinating referrals to agencies outside the treatment agency and to special service departments within the agency. The VR specialist, therefore, must be knowledgeable of the various services available to the client, and must make sure that contacts with service providers are established and maintained.

The vocational rehabilitation specialist--

- o maintains close working relationships with referral sources and outlets, e.g., state department of vocational rehabilitation, state department of employment security, department of social services, family services agencies;
- o establishes referral procedures where applicable;
- o maintains follow-up of referrals.

Staff Consulting. The specialist works closely with other members of the treatment program in order to maximize services to the client.

The vocational rehabilitation specialist--

- o shares appropriate client data with staff;
- o represents his client at case conferences and participates in staff training programs and meetings;
- o provides staff with valuable information about the needs of clients.

Community Relations. The treatment program has the responsibility of interpreting its services to the community. The VR specialist can partially accomplish this by maintaining contacts with other agencies that can serve his clients. Much of this work may be performed on an informal or personal basis.

Job Development. Although this responsibility may belong to another specialist, job development could be the duty of the VR specialist. It requires a great deal of work--both in person and on the phone--to establish a pool of job resources for clients. Patience, diplomacy, persistence, and resourcefulness are essential characteristics for a successful job developer.

Placement. This responsibility is crucial and involves many of the services already mentioned. The VR specialist must ensure that an appropriate placement is made, one that will satisfy not only the immediate need for gainful employment, but also the clients' more deeply felt personal needs for dignity, self-sufficiency, productivity, and self-esteem. Placement is not necessarily restricted to job placement; it also refers to finding educational programs for the clients that will better equip them for jobs.

INFORMATION NEEDED BY THE VR SPECIALIST IN THE REHABILITATION PROCESS

In the preceding section, we discussed the various activities (components) of the rehabilitation process. This section will review a series of questions that the VR specialist needs to consider about the needs of the client. The answers to these questions may, in fact, dictate the appropriate treatment or rehabilitation plan.

At this time the counselor must be sensitive to what his client is requesting. That means paying attention to both stated and implied goals and needs. He must observe the client's behavior and determine how to make the best use of the client's existing skills, attitudes, and aspirations while discouraging negative or maladaptive behaviors. He must also be aware that readiness for vocational planning or employment differs widely from client to client.

Specialized Services. Is special testing necessary? Are physical handicaps present? Is psychiatric intervention necessary? Is hospitalization required? If any of these services seem necessary, the specialist must discuss them with his client and his supervisor to agree on the best methods for implementing the services.

Vocational Evaluation. The specialist needs a complete picture of the vocational background of the client. Vocational exploration may be necessary. Interest and aptitude testing may be appropriate. The following types of testing are usually available

through the State Department of Vocational Rehabilitation: personality tests such as the Minnesota Multiphasic Personality Inventory; intelligence tests such as the Wechsler Adult Intelligence Scale (WAIS); and vocational tests such as The Kuder Occupational Interest Survey (KOIS), The Strong Vocational Interest Blank, The Differential Aptitude Tests (DAT) and the General Aptitude Test Battery (CATB).

Vocational Training. Many clients will not have salable job skills. If vocational training is suggested, the specialist must be sure that the client understands the length and demands of such training. Is remuneration part of the training? Will a job be available upon completion? What is the labor market outlook for that kind of job?

Personal Adjustment Training. The client may have to learn to get along with fellow employees and to relate to a supervisor. He may need to learn to get to work on time as well as to acquire the work habits essential to the job. The specialist must be aware of each client's adjustment needs and ensure that the most appropriate program is undertaken.

Sheltered Employment. If the client must begin his rehabilitation in a sheltered setting, the VR specialist must undertake to coordinate the placement and, most importantly, follow up to ensure that the client "graduates" to more demanding employment as soon as he is ready.

Footnote:

Please see the appendix, "Psychometric Testing," on page 449 for additional information.

Social Rehabilitation. Here the emphasis is on interpersonal relationships. The client must learn to trust others, to control his hostility, to deal with negative feedback. Techniques useful for the client include role-playing, group counseling, and practice in relating to a wide variety of people and situations.

Placement. The specialist and the client must work together to find a suitable job for the client. The client must pass an initial employee interview, become familiar with the requirements of the job, and be prepared for the new experience of a day-to-day working life. At this point, it may be worthwhile to spend some time with the employer (or supervisor) to be sure that he understands the client's status and will take into account that the client is undergoing a critical and difficult transition in his life.

Follow-up. Although the client may be placed, he may still have fears, anxieties, and work-related problems. The specialist should be available on a regular basis as long as it seems necessary. The first few days on the job are often the most traumatic for the client; support and encouragement may be necessary.

In the first two modules we have concentrated on an overall view of the vocational rehabilitation process and the role of the vocational rehabilitation specialist within that framework. Each of the succeeding modules will emphasize the implementation of these concepts and functions. The following modules represent the "how to" of the course--the pragmatic process of conducting a sound and effective vocational rehabilitation program.

REFERENCE LIST

Standards for Drug Abuse Treatment and Rehabilitation Programs. Chicago, Illinois: Accreditation Council for Psychiatric Facilities, Joint Commission on Accreditation of Hospitals, 1975.

VOCATIONAL REHABILITATION SPECIALIST
POSITION DESCRIPTION*

POSITION CONTROLS

The Vocational Rehabilitation Specialist

The VR specialist works under general supervision of the vocational rehabilitation counselor or treatment counselor. Technical supervision may be available from a centralized vocational rehabilitation unit or the city's vocational rehabilitation department. Work is reviewed by a supervising counselor and a program administrator.

DUTIES AND RESPONSIBILITIES

The Specialist--

1) collects available social, educational, economic, and vocational information on the client that can be used in securing suitable employment;

2) contacts employment and social/civic service agencies in seeking employment for the client;

3) is responsible for follow-up information;

4) conducts employment adjustment sessions with clients to instruct them in applying for, securing, and maintaining a job;

5) maintains accurate records for statistical purposes of number of clients referred by counselors, number of clients referred to various agencies, etc.;

6) keeps records collected on intake and updates records periodically to include employment needs, previous employment records, apprenticeships and skills of all clients, training needs, etc.

7) participates in treatment team meetings;

8) performs other duties as assigned.

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*Outpatient Drug Free Treatment Manual, Special Action Office Monograph, August 1974, Series C, (4) 48.

PROGRAM FORCE FIELD ANALYSIS

The form on the facing page is designed to help you examine your program (organizational) environment to determine those forces that help or hinder you in meeting your responsibilities to your clients and to the program.

The value of the form lies in its ability to stimulate your thinking about many factors. The more forces you can identify in either direction, the more useful your analysis will be as you plan your strategy for increasing your support.

Directions. List, along the arrows pointing down, those factors in your program that HELP you do your job, (+ factors) for example, good support and supervision, clearly defined rehabilitation goals for clients, etc. Next, list, along the arrows pointing up, those factors that WORK AGAINST you in doing your job, (- factors) for example, little or no commitment to the vocational rehabilitation aspect of the program, unmotivated clients, job not clearly defined, etc.

FORCES SUPPORTING
JOB EFFECTIVENESS
(+)
FORCES HINDERING
JOB EFFECTIVENESS
(-)

SELF-ASSESSMENT FORM

Directions for Use

This self-assessment form will enable you to record the information that will help you determine those areas in which you should concentrate your efforts toward skill and knowledge development in this training program. It should also provide a yardstick by which you can measure the program's effectiveness.

Unless you determine otherwise, no one but you will see this assessment. There are no right or wrong answers to an assessment of this type. Its value is directly related to your candid assessment of yourself in each skill and knowledge area.

Your group has discussed the role and function of the vocational rehabilitation specialist and identified the skills and knowledge needed to perform the job. To use this form, simply write each of these areas on the lines (a to t) on the left side of the assessment form. Next circle the number that corresponds to your rating of yourself in each area, from a minimum of 1 (no knowledge or skill) to a maximum of 5 (complete mastery of this skill or knowledge area). You need not rate yourself for those areas that are not part of your job.

After you have rated yourself in each of the skill and knowledge areas that applies to your job, review the list and decide in which areas you feel you have the greatest need for improvement. Place an X over the number that corresponds to the degree of proficiency you realistically expect to achieve as a result of this training program.

Example:

Skill and/or Knowledge Area	Degree of Proficiency
a. *interviewing techniques*	1 2 (3) 4 X 5
b. *supportive counseling*	1 (2) X 3 4 5

SELF-ASSESSMENT FORM

Skill and/or Knowledge Area	Degree of Proficiency
a. _____	1 2 3 4 5
b. _____	1 2 3 4 5
c. _____	1 2 3 4 5
d. _____	1 2 3 4 5
e. _____	1 2 3 4 5
f. _____	1 2 3 4 5
g. _____	1 2 3 4 5
h. _____	1 2 3 4 5
i. _____	1 2 3 4 5
j. _____	1 2 3 4 5
k. _____	1 2 3 4 5
l. _____	1 2 3 4 5
m. _____	1 2 3 4 5
n. _____	1 2 3 4 5
o. _____	1 2 3 4 5
p. _____	1 2 3 4 5
q. _____	1 2 3 4 5
r. _____	1 2 3 4 5
s. _____	1 2 3 4 5
t. _____	1 2 3 4 5

MODULE 3: UNDERSTANDING THE CLIENT (4 hours)	
Focus, Objectives, and Resources	
FOCUS	Module 3 focuses on factors, both internal and external to the drug abuser, that may contribute to drug dependency. It explores addict lifestyles, their meaning within the context of the drug subculture, and the implications that the addict's self-image, skills, compliance with subculture norms, and general behavior patterns have for vocational rehabilitation treatment planning. The learning activities address the importance of exploring, with the client, their prior lifestyle and assist the VR specialist in formulating questions that will elicit information necessary to effective vocational planning.
LEARNING OBJECTIVES	Upon completion of the learning activities in Module 3, trainees will be able to-- o describe at least three behavior patterns shown by rehabilitating clients that may cause problems in the vocational rehabilitation phase of treatment; o identify a minimum of two reasons why information about the client's lifestyle before drug use began, and in the context of the drug subculture, is important to the VR specialist in preparing a vocational rehabilitation plan; o list and describe six addict lifestyles recognized to exist within the street drug subculture; o identify at least four types of client information a VR specialist must obtain in order to develop a treatment or rehabilitation plan;
RESOURCES REQUIRED	The learning activities in this module require the following resources: o A copy of the resource paper, "Understanding Drug Abuse: Implications for Vocational Rehabilitation," for each trainee

	o Five copies of each client profile o A large training room and small group space for groups of approximately five trainees o A trainer and two or three backup trainers or facilitators

MODULE 3: UNDERSTANDING THE CLIENT

Learning Activity Schedule

Activity 1 25 to 30 minutes	Trainer Presentation and Group Discussion The trainer's lecture provides a framework for identifying lifestyles, behavior patterns, psychological factors, and social factors that may contribute to chronic drug abuse. Group discussion encourages information-sharing and questions about experiences with drug abusers. Information generated here will be used by trainees as the basis for Learning Activity 2.
Resources Required	
Activity 2 3 hours 30 minutes	Identifying Client Lifestyles, Behavior Patterns, and Social History Information It is essential to identify the information the VR specialist must collect during the client assessment phase in order to define a feasible treatment, or vocational rehabilitation, plan. Using information developed in the first learning activity and the client profiles provided with this module, trainees will brainstorm in small groups to 1) fully identify the information a VR specialist must collect to create a feasible treatment, or vocational rehabilitation, plan and 2) formulate and list the questions that must be asked in order to obtain the necessary data from the client and from other sources. The questions developed by the group will be used in Module 4, "Principles of Effective Interviewing."
Resources Required	Client Profiles 1, 2 and 3

MODULE 3: UNDERSTANDING THE CLIENT

Trainer Guidelines

Activity 1 25 to 30 minutes	<u>Trainer Presentation and Group Discussion</u> 1) Briefly describe the learning objectives and sequence of activities for Module 3. 2) Present a brief lecture based on the resource paper, "Understanding Drug Abuse: Implications for Vocational Rehabilitation." 3) Facilitate group discussion by encouraging input based on the trainees' experiences and any questions they want to raise. 4) Be sure each trainee has a copy of the resource paper.
Activity 2 10 to 15 minutes	<u>Identifying Client Lifestyles, Behavior Patterns, and Social History Information</u> PHASE I 1) Remind trainees of the objectives for Module 3 and briefly summarize what follows. 2) Ask trainees to divide into groups of no more than five. Each group will use its own client profile (e.g., Group A uses Client Profile 1, Group B uses Client Profile 2, and Group C uses Client Profile 3). If additional client profiles are needed, the trainer may prepare them using those provided as guides, or permit more than one group to work with the profiles included here. 3) Assign a backup trainer or facilitator to each group or be prepared to float among the groups. 4) Have trainee groups move to small group areas.

2 hours 50 minutes	PHASE II 1) Request trainees to identify general and specific categories of information a VR specialist needs to obtain for effective vocational rehabilitation planning for the client identified in their group's profile. Record information categories on flip chart. General categories include school history, criminal record, health, employment history, vocational interests, and personal goals. More specific information might include: o Client self-perception within the drug subculture o Means used by the client to support habit o Adjustment in the treatment program o Interpersonal skills o Self-concept o Avocational interests and skills o Level of motivation for job training or education o Skills thought necessary to feel competent 2) Using the list of categories, assist the group in discussion of the following questions: o What information generated in this activity is necessary for treatment planning with this particular client, and why? o What information would be useful, but not absolutely necessary? o Which of the information needs identified can best be obtained by means of an interview with the client? NOTE: LIST ON THE FLIP CHART THE INFORMATION CATEGORIES THE GROUP IDENTIFIES AS "NECESSARY," "NOT NECESSARY," AND "BEST OBTAINED THROUGH INTERVIEW WITH CLIENT."

10 minutes	STRETCH BREAK. Following the break, trainees return to small groups to continue the activity. 3) Have each group member select one information category (e.g., drug history) and write a minimum of five questions that might be asked of his particular client in a personal interview. Ask trainees to keep their lists of questions for use in Module 4. NOTE: IF TIME ALLOWS, QUESTIONS MAY BE SHARED BY TRAINEES WITHIN THE GROUP. 4) Ask the group to select a representative to report the following: o The types of information identified by the group as necessary for treatment planning with the particular client and why they are necessary o The types of information considered desirable, but not essential o The types of information that can best be obtained by means of a personal interview with the client 5) Ask trainees to reconvene in the large group.
20 minutes	PHASE III 1) Have each group's representative report the areas the groups have determined to be important for VR planning with their particular client and explain why these areas were chosen. Post each list (recorded by the groups on flip charts) as the representatives report. Reinforce the group's responses whenever possible by connecting the need for information in treatment planning to the lecture materials. 2) Summarize the points covered during the session and review the learning objectives. You should stress the importance of-- o understanding the client's previous lifestyle in preparing the VR plan;

	o assessing and capitalizing on the client's existing skills; o those internal and external factors that contribute to drug abuse; o personal interviews to obtain information needed to develop a VR plan for the client. 3) Explain that the information generated in this activity will be used to practice interviewing skills in Module 4. 4) Respond to any questions the trainees want to raise.

UNDERSTANDING DRUG ABUSE: IMPLICATIONS FOR VOCATIONAL REHABILITATION

I. The effect of lifestyle on drug abuse

- A. Reasons for examining lifestyle
- B. Distinct lifestyles of drug users
  1. The street addict
  2. The dealer addict
  3. The shooting gallery addict
  4. The female addict
  5. The suburban addict
  6. The employed addict
  7. The addict under treatment

II. Factors that contribute to chronic drug abuse and the rewards of addiction

- A. Why take drugs?
  1. Availability of the drug
  2. Peer group influence
  3. Escape and personality theories
  4. Antisocial theories

B. The reward of addiction

1. Physiological effects
2. Psychological functions
3. Social functions
4. Development of survival skills

III. Factors contributing to the resumption of narcotics; aspects of the drug experience

A. Pharmacological
B. Conditioning
C. Lack of life options
1. Double failure theory
2. Alternative occupation theory
3. Anomie theory
4. Subculture theory

IV. What prompts withdrawal?

A. Avoidance of negative factors
B. Physical deliberation
C. Need for support during withdrawal

V. Summary

UNDERSTANDING DRUG ABUSE: IMPLICATIONS FOR VOCATIONAL REHABILITATION

INTRODUCTION

It is important for anyone working with inactive addicts to understand the dynamics, both personal and social, that led to the individual's decision to take and eventually require addicting drugs. As with any other medical or psychological condition that radically alters an individual's life, or removes him or her from the normal course of existence, the precipitating factors must be understood if a long-lasting change is to be effected.

In this module, some of the causes of drug abuse are discussed, and several references for further reading or amplification are provided. The module treats three issues--individual lifestyles, factors that contribute to continued or resumed use of drugs, and events that motivate the individual's withdrawal from drugs. Although these issues are treated separately, there is, of course, a dynamic process going on with an individual that cannot be as easily isolated in life as it is on paper. The important consideration for the vocational rehabilitation worker is that he understand how and why this dynamic process works.

WHY LOOK AT LIFESTYLES?

The most challenging aspect of vocational rehabilitation is that it requires the client to make dramatic changes in his life. While it is perhaps as unfair to say, "The drug abuser behaves like . . .," as it is to say, "The construction worker behaves like . . .," it may be important to define and categorize lifestyles typical of drug abusers for several important practical reasons.

For one reason, previous or current lifestyle provides a critical index of the amount of change a person must make during rehabilitation. In moving from a drug-abusing to a rehabilitated state, the client is faced not only with giving up drugs but also with giving up many aspects of his life that he values. As he enters rehabilitation, the client must decide first of all whether he wants to give up a major part of his life and, secondly, if the void created by giving up drugs can be filled with something as good or better.

It is also important to consider the addict's lifestyle because some of the traits exhibited are not always detrimental. The drug abuser often develops a particular kind of existence that enables him to live successfully as an addict. That lifestyle requires an ability to meet needs under stress and provides learning experiences that may be transferred to legitimate endeavors. It is important, therefore, to attempt to identify the

positive aspects of the addict's former lifestyle in the early stages of vocational rehabilitation so that they may be adapted to job training and the counseling process (Nurco, 1972).

Another reason for analyzing the lifestyle of each client is that helping professions traditionally have focused more attention on actual drug use as opposed to the factors underlying addiction. Many workers and theorists perceived the individual's problem as drug abuse, without giving attention to the individual and/or social psychology (or, perhaps, pathology) that precipitated escape through drugs. Although the focus in this course is on the individual's use of drugs, we are aware that the drug abuser may be the symptom of a fragmented society (just as we have become aware that drug use is a symptom of problems that preceded addiction). The approach would then be to "treat" the quality of life experienced in our society rather than the individual.

DISTINCT LIFESTYLES

David Nurco (1972), in his article, "Clinical Impressions of Lifestyles of Narcotic Addicts," describes seven distinct lifestyles: the street addict, the dealer addict, the shooting gallery addict, the female addict, the suburban addict, the employed addict, and the addict under treatment.*

The Street Addict

According to Nurco, the street addict's lifestyle is the most common of all addict lifestyles. The street addict is defined as a heroin addict, unemployed, with no aspirations to become employed. He supports his addiction primarily through illegal acts, and has had repeated experiences with police, courts, and the jails.

He begins his day with a fix or an effort to obtain money for a fix (usually through illegal means). He pays little attention to food, clothing or his living conditions, concentrating instead on maintaining his habit. He rarely has nonaddict friends, and may be regarded as a "dope fiend" by his peers.

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*Editor's Note: These categories are provided as a guide to possible types of addict lifestyles. They are not all-inclusive, nor mutually exclusive; particular life styles may show characteristics other than those listed here, or may possibly be a combination of them.

Street addicts may also be described as "hustlers." They often work at specialized schemes for making money. In street society they are ranked according to a fixed hierarchy of prestige--their money-making power, ingenuity, and versatility. There are various hustlers on the street, and one hustler may perform several different types of hustles. The scene is often described as one big rat race.

A street addict may make an attempt to undergo treatment, if only to bring his habit within the scope of his financial capabilities. He usually finds some reason not to continue treatment, and returns to the use of drugs.

The Dealer Addict

The dealer addict is usually more deeply involved in the addict subculture than any other type. Though some dealers are not addicts, those who are addicted are in the great majority. The addict dealer is likely to be male, between the ages of 16 and 40, and probably has been a hard core heroin user for years. He is probably known by the police, and is usually popular with all the buyers in his area. He attempts to protect himself by knowing the

characteristics and personality of the cop on the beat and the people most likely to inform the police. He is aware of all neighborhood activity.

Physically, the use of drugs of unknown potency, often poorly administered under unsanitary conditions, takes its toll. Edema, especially of the hands and arms, collapsed veins, liver and kidney disorders, and abcesses plague the dealer addict. Because his consumption of heroin is usually greater and more constant than that of the nondealer addict, large quantities of "cut" (heroin diluent: usually quinine, benita, or milk sugar) build up in his body. He becomes uncertain of his actual tolerance level.

The Shooting Gallery Addict

The shooting gallery addict supports his habit by performing a service for his peers in return for money or drugs. The service usually consists of providing for other addicts a place to administer their heroin and the paraphernalia required. His lifestyle is usually less hectic than that of his customers. Because his services are constantly in demand, the addicted shooting gallery operator may rarely leave the house. The house in which the gallery is operated is usually in a neighborhood characterized by low income families, high crime rates, and neighbors who are thoroughly familiar with the ghetto philosophy of avoiding trouble by ignoring what is none of their business. If the house is shared

by non-addicted family members, there may be frequent pressure on the gallery operator to end his services or move elsewhere.

The Female Addict

Most female heroin addicts are under 35 years old. There has been a marked increase recently in the number of 16 to 25-year-old female heroin addicts.

A female addict often prefers to attach herself to a male addict with whom she might live, usually in a common law relationship. A reciprocal agreement is likely to exist through which she contributes to the financing of their joint habit in return for a degree of protection from other addicts who may try to take advantage of her.

The female heroin addict, like her male counterpart, is constantly in search of funds with which to acquire heroin, but she often has added options. If she is already a prostitute, for example, she has an accessible source of funds.

Prostitution, while dominant in the lives of many female addicts, is not the only means available for women to support their habits. Many work as couriers, transporting bundles of drugs from the seller to the buyer. Males, especially if they are important in the drug organization, do not like the risks of carrying drugs. Therefore they enlist females, who may receive more lenience in case of arrest.

The Suburban Addict

The lifestyle of the suburban heroin addict differs from that of the ghetto or street addict in many ways. The ghetto addict is usually a delinquent with a juvenile or adult police record. The suburban addict may have been delinquent prior to addiction, but has usually been able to avoid arrest or conviction.

It is likely that the suburban addict is a product of a middle or upper-class environment. He has the advantage of a good education and, on the average, a more stable family life. The suburban addict is less likely to be known to the authorities as an illegal drug addict, and often is not faced with the problem of providing himself with shelter and sustenance. As he becomes more involved with the use of heroin, and as his tolerance for the consumption of narcotics increases, he becomes more and more a part of an outlawed subculture. The range of choices in the addict's life steadily decreases, and eventually moral and ethical values previously upheld become an impractical luxury or an irrelevant nuisance. If his habit has become unsupportable by legitimate means, he turns to crime.